* 8	1.	FOR STATE REGISTRAR	DEPAI	RTMENT OF HEALT	MARYLAND H AND MENTAL HYG TE OF DEATH	IENE 8 1	25597
• w #		CEASED NAME FIRST	MIDDLE	LAST	, ,	20. DATE OF DEATH MONT	20. 1100K
may be page 3	3. SE	Josep	oh A.	Abbox		) Oct. 21,	
Page 4 m director		Male	White	MONTH	1,1904 YEAR	76	MONTHS DAYS HOURS MIN.
neral d	Jer BI	RTHPLACE (STATE OR FOREIGN COUNTRY) anyland	76 CITIZEN OF WHAT COUNTR	MARRIED WIDOWED TO	NEVER MARRIED   ONORCED	Baltimore CITY OR CO	
rs after a speed of the full filed with filed with formal filed with filed filed with fi	B	TY OR TOWN OF DEATH	1). NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE SIR 441 Grundal	SING HOME OR OT	HER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	126. KIND OF BUSINESS OR
LAND 2120 sin 24 hours by filled in by should be file	May	TATELAND 13b COU			INSIDE CITY LIMITS?		l St. Balto. Md.
MARYI. mpletely and 2 sl	14. FA	THER'S NAME  Unkhoun	MIDDLE LAST Abbott	15. A	MOTHER'S MAIDEN NAM	MIDDLE	Booth
BALTIMORE, cate be executed to spers. Pages 1 your 11, the medical 11, the medical 11.		AS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SE VE WAR OR DATES) 214-01-		NFORMANT O	bott, Dame as	
201 W. PRESTON ST., es that the death certific ned by the attending phylolose remove carbon pricial, cremation, or rema	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last	only one couse per line for (0), (b) ED BY:  ITE CAUSE (0)  DUE TO, OR AS A CONSECTION OF THE CONSECTI	DUENCE OF WOULD DUENCE OF	8	alure Ling NAL DISEASE OR CONDITION	APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH  NOTICE OF THE PROXIMATE INTERVAL  NOTICE OF THE PROXIMATE INTER
AL RECORDS, the law requir on. tops been sig t permit. Then ene prior to b ows any injury	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WA	S PERFORMED	200 AUTOPSY? 206 IN C	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)
DIVISION OF VITAL  NG PHYSICIAN: The ottending physicion fifer this certificate has the burial-transit the and Mental Hygies parked or frem 18 should have the miles and mental Hygies.	CAL	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IFETHER, NOTIFY MEDICAL EXAMINE CONTRIBUTION OF THE CONTRIBUTION OF	ATH HOUR A.M. MONTH	19 21f	HOW INJURY OCCURR LOCATION STREET	ED (ENTER NATURE OF INJURY IN ITE	COUNTY STATE
TO HOSPITAL OK ATTENDING P retained by the hospital or otter TO FUNERAL DIRECTOR. After the should be detached for use as the with the State Dept. of Health one IMPORTANT: If Hem 21 is marked		220. I certify that (1) (this hasp sow the deceased alive or about 100 and 100	att view the Eady after death.	DEGR	t in (my) (our) opinion of EE ATTENDING PHYSICIAN X ADDRESS 744	MEDICAL STAFF DIRECTOR PHYSICIAN	ENDER BERD
Show with Market	23a B	URIAL, CREMATION, REMOVAL		c. NAME OF CEMET	ERY OR CREMATORY	123d LOCATION	A1081061
7402BP	- (	Burial			s (emetery	Baltimore,	Maryland STATE
DHMH - 16 50M 1/81 (VRA 15, 4)		NERAL DIRECTOR	Home, 130 E. FORES	Ave. Bal	to . Md. OC.	REC'D. BY REGISTRAR 256 RE	EGISTRAR SIGN

Sound - Loud 100 diament to the control of a land to the second of the land of the Sand Land To the Contract of the Contract Lat. of Contract Lat. of Contract Lat. of Contract Lat. of Contract Lat. concern - Continue of the content of Willes and the william William of move Center was a trail hang X 0.14 CV CYRIAC CALLERY MANNER AND A 10 6 10 6 1 with cold was smothing plant in a facilities a with the exellment 30 charteries with the collection of the coll

	Items 19a & b (	3562 12/14/81 da	ad STATE OF MARYLAND	63 1	2 2 6 9
15	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY  CERTIFICATE OF DEATH	REG. NO.	2 3 3 7 Q
	1. DECEASED NAME FIRST (TYPE OR PRINT) NAO.	MI MAE	ABEY	October	17 81 74 M
age one of	Female	White	5. DATE OF BIRTH April 22 1927	6. AGE (IN YEARS LAST BIRTHDAY) 54 YRS	MONTHS DAYS HOURS MIN.
death. Po	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Delaware	75. CITIZEN OF WHAT COUNTRY?  USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY BALTIMORE CIT	
by the fit filed with	BALTIMORE	UNION MEMORIAL	HOOPITAL	120 USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORKING ProductionLi	12b KIND OF BUSINESS OR INDUSTRY  ne Electronics
filled in hould be	MD 130. STATE 180 COL	or other institution, give residence before unity 134. City or tove chester Secret	YN 13d INSIDE CITY LIMITS? YES X NO [	13e. STREET ADDRESS Poplar Stre	eet
completely ond 2 s	14. FATHER'S NAME FIRST Frank		rgan 15. MOTHER'S MAIDEN NA FIRST Bertie	MIDD(€	Banks
ion ond c	No	GIVE WAR OR DATES)	-4504 Samuel S.	Abey, Jr., Eas	st NewMarket M
NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours cattending physician.  When this certificate has been signed by the ottending physician and completely filled in by as the burial transit permit. Then please remove corbon papers. Pages 1 and 2 should be fill the and Mental Phygene prior to burial, cremation, or removal.  Orked at Item 18 shows any injury, or other traumatic event, the medical examples the provided or Item.	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANI	TONDITIONS CONTRIBUTING TO	ENCE OF LIPPER GIB	MINAL DISEASE OR CONDITION OF	
NDING PHYSICIAN: 1  3. After this certificate use os the buried trons lealth and Mental Hygielle in morked at item 18 st	OR CONTRIBUTING CAUSE OF E  (IF EITHER, NOTIFY, MEDICAL EXAMIN  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that (1) (this has	21b. TIME OF INJURY HOUR A.M. MONTH D.P.M.   21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, pital) attended the deceased fram	AY YEAR  19  211. LOCATION STREET	CITY OR TOWN	COUNTY STATE  , 19 47, that (I) (we) last
TO HOSPITAL OR ATTENTED OR ATTENTED OR ATTENTED OR ATTENTED OR Should be detached for with the Stote Dept. of HIMPORTANT; if them 21 is	226. SIGNATURE KLASS 226. PHYSICIAN'S NAME (1791	ry-Zereg CK	DEGREE  M.O. ATTENDING PHYSICIAN [	death occurred on the date and h	22c. DATE SIGNED
BP	230. BURIAL, CREMATION, REMOVA (SPECIFY)  Burial 24 FUNERAL DIRECTOR		NAME OF CEMETERY OR CREMATORY ES Veterans Cem		Dorchester
DHMH-16 30M 2/80 (VRA 15, 4)		al Home, East 18	lew Market, MD	OCT 3 0 1981	ane Jan Partle

THE THE WALL THE TEST IN THE STATE OF THE STATES Promoted and the second of the The same rule of the land to the same red medical control of to the contract of the contract of the contract of the contract of TO-12-11 Law Veterant Con. Subdit . Codinetor oller tuneral was tank, and farance toller director, page 3

carbangapers. Pages 1 and 2 shauld be

by the attending physician

TO FUNERAL DIRECTOR: After this centificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior ta burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physicia IMPORTANT: If Item 21 is marked or Item 18 shows any

4 may be

within 24 hours ofter

## STATE OF MARYLAND

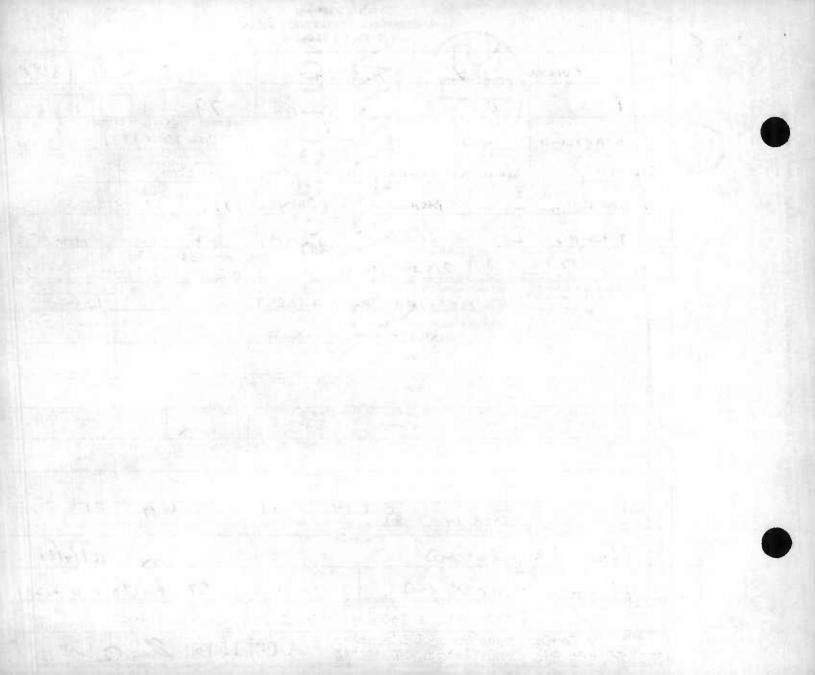
DEPARTMENT OF HEALTH AND MENTAL HYGICUE

Eres .	~	~	

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
I. DECEASED NAME FIRST	WIDDLE	LAST		DAY YEAR 26 HOUR
EVELY.	N V.	ABRISCH	10 14	181 310 PN
3. SEX	4 RACE	5. DATE OF BIRTH  MONTH DAY YEAR	70	IF UNDER 1 YEAR IF UNDER 24 HRS. AONTHS DAYS HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MARYLAND	76 CITIZEN OF WHAT COUN		9 BALTIMORE CITY OR COUNTY	
BALTO.	UNIV. OF M	ARYLAND HOSPITA	(Type OF WORK FOR MOST OF WORKING LIFE HOmemaker	12b. KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE OF NURSING HOME OF 130. STATE  MARYCAND WOOD	JNTY 113c. CITY OR	TOWN 13d. INSIDE CITY EIMITS	6914 Windsor l	Mill Road
14. FATHER'S NAME FIRST THOMAS	MIDDLE LAST	15 MOTHER'S MAIDEN FIRST CORA	MIDDLE	HARPER
160 WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) FYES. G  NO	INF WAR OR DATES!		Mrs. Dorothy Kelly uke's Lane, Baltim	
PART I. DEATH WAS CAUS	DUE TO, OR AS A CONS	D, and ICM IRATORY ARE EQUENCE OF LTIPLE MY BLOMA	ST.	BETWEEN ONSET AND DEATH
	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	erminal disease or condition give	N IN PART 11a
190. DATE OF OPERATION  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
TO ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMINA 218 INJURY OCCURRED		DAY YEAR 19	CURRED (ENTER NATURE OF INJURY IN ITEM 18, PA	IRT 1 OR PART 2)
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	CITY OR TOWN	COUNTY STATE
saw the deceased alive a abave, (1) (we) (did) (did n	pital) attended the deceased from 14 hat) view the body after death		ion death occurred an the date and hour	ond from the couses stated
a foward	sacobe MD	DEGREE ATTENDING PHYSICIAN	G MEDICAL STAFF	10/14/8/
HOW AND	JACOBS M	22 S. G	reene ST Bat	to mo 21201
230. BURIAL, CREMATION, REMOVA	AL 23b. DATE	234 NAME OF CEMETERY OR CREMATOR	RY 23d. LOCATION	COUNTY STATE

BP. DHMH - 16 50M 1/B1 (VRA 15, 4)

74 FUNERAL DIRECTOR Loring Byers Funeral Dir 8728 Liberty Rd., Randallstown, MD 21133 OCT 15 1981 REGISTRAR 250 REGISTRAR'S SIGNATURE



WITH THOUTHAN SATISSON TARREST SOLVE BEEN TARA

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	1-:	FOR STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.											
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5		OR PRINT)								OF	ESTI-				
	3. SEX		Rober	5. DATE OF BIRTH		6. AGE (IN YEAR		dgers			AATED X	MONTH	8 19 81 A		
				MONTH DAY	YEAR	LAST BIRTHDAY			UNDER 24 H	PRONOUNC	ED			0.27	
ļ.		lale	Black	7 22	25	56 YRS				DEAD		10		ol a.	
7	FOI	RTHPLACE (ST.	ATE OR	76. CITIZEN OF W	HAT COUN	TRY?	MARRIE	D NEVER	/		-	-	Y OF DEATI	Н	
1	10.01		V	U.S.A.			WIDOWE				timor		, ,	M	
1	10 CI	TY OR TOWN (		11. NAME OF HOS	CILITY, GIVE ST	REET ADDRESS)			)N 12a.	. USUAL OCCUPA FOR MOST OF WORKII	TION (TYPE	OF WORK	OR IND	F BUSINESS USTRY	
1		Baltimo				nklin S		†							
H	USUA 13a. S1	L RESIDENCE (	IF IN NURSING HOME C	OR OTHER INSTITUTION, GI		OR TOWN	1)	13d INSIDE ATY I	LIMITS? 13e	STREET ADDRESS	3				
L		Md.			Bal	to.		YES V	NO □ 9	46 W. Fr	ankli	n St	•		
I	14. FA	THER'S NAME		WIDDLE		LAST		15. MOTHER'S	MAIDEN N	AME	DLE		LAST		
1															
T	16a W	AS DECEASED	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOC	IAL SECURITY	NO.	17. INFORMAI	NT		ADDRESS				
1		inkn.	(2 100,0112	THE ON PHILES,	248	-34-665	9								
Ī		18 CAUSE OF	DEATH (Enter on	ly ane cause per line	for (a), (b)	, ond (c).)							APPROXI	MATE INTERVAL	
1		PART I DE	ATH WAS CAUSED	D BY: TE CAUSE (a) Ar	terio	sclerot	ic C	ardiova	ascula	r Diseas	е		BETWEEN	NA DEL AND DEATH	
1		450	15			SEQUENCE OF									
1		Condition	s, If any, which	(1)											
4			e ta immediate stating the under-	DUE TO, OR	AS A CON	SEQUENCE OF				W-11-					
1		lying caus	se lost.												
1		PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERMIN	AL OISEASE	OR CONDITION GI	IVEN IN PART 1 (c	n.					
	Z	ENTER DO													
t	CERTIFICATION	19a. DATE OF	OPERATION	19b CONDI	TION FOR	WHICH OPERA	TION WA	AS PERFORME	D?				20. AUTO	PSY?	
4	윤	DOM:											YES [	NO M	
1	ERT	21a. EXTERNA	L CAUSE WAS	21b. TIME O			ŽIc. HO	W INJURY O	CCURRED (EI	NTER NATURE OF INJUR	RY IN ITEM 18 P	ART I OR PAR		110 23	
4		UNDERLYING	OR	HOUR A.M											
1	MEDICAL	21d. INJURY O		21e PLACE		19 (AT HOME	211, LOC	ATION							
1	¥	WHILE	NOT WHILE		ORY, FARM, ET			REET		CITY OR TOWN	1	COL	UNTY	STATE	
ı		AT WORK	AT WORK												
1		22a   certif	y that I taak charg	e af the remains des	cribed oba	ve, held an	Autops	y 📙. <u>I</u> r	nspection X	X Inquiry [	one	d in my op	nnion		
1		death resulte	d fram: Notur	rol couses XX,	Accident	, Suice	de 🔲,	Hamicide	· U	ndetermined mon	ner .				
1			10	VO A		^		TITLE (SPEC	CIFY)						
4	- 1	ACTUAL SIGNATURE _	Muguna	Labola	1		M.I	Assi:	stant	MEDICAL EXAMI	VER	DATE	D 10-	9-81	
7			0												
4		EXAMINER'S I	Vir	ginia L. I	Dol an	, M.D.		ADDRESS	111	Penn Str	eet		100		
T	23a. Bl	JRIAL, CREMAT	ION, REMOVAL 2	3b. DATE	23c. N	IAME OF CEME	TERY OR	CREMATORY	Y 23	Id. LOCATION CITY OR TOWN		COUN	4TY	STATE	
	(3	Remo	oval	10/21/81											
	24 FL	JNERAL DIREC	TOR	ADDRESS	TEA.			250	DATE REC'I	D. BY REGISTRAR	25b. REGIS	STRAR'S S	GNATURE	71.	
1	P	natomy	Board	AUDRESS	Bal	to., Md			OOT '	) ()	Than	wy	anlar	distan-	
E										10 til 0 ti	-				

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FOR

REGISTRAR

- STATE

IF UNDER 1 YEAR IF UNDER 21 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) At Home Delker 21061Nelson W. Akerhurst Jr. 7499 Furnace Branc APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO F 210 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED Burial Oct. 28 1981 Woodlawn Baltimore Md. Lorraine Park 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 CRANCES Burgee 29 1981 (VRA 15, 4) Funeral Home 3631 Falls Rd. Balth.

STATE OF MARYLAND

CERTIFICATE OF DEATH

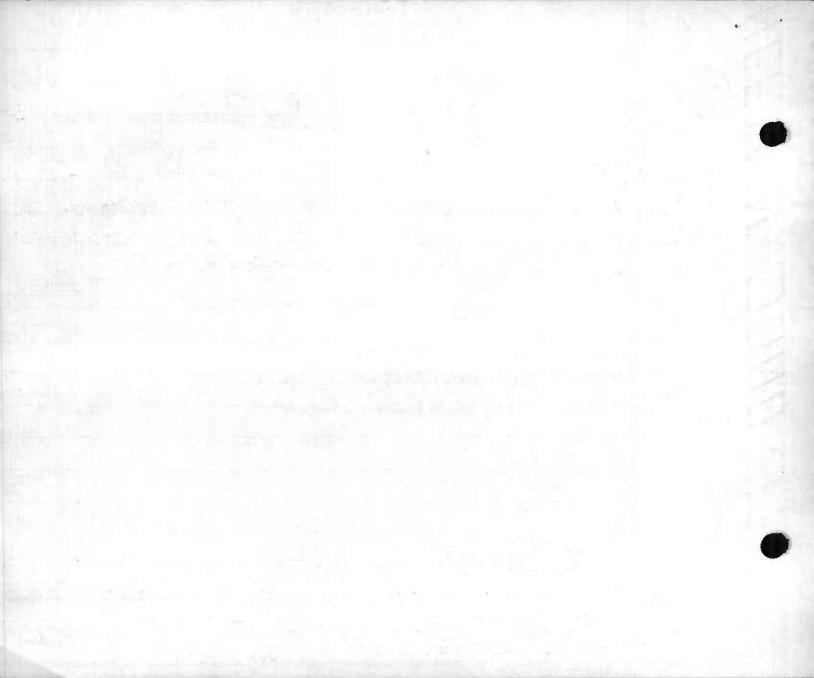
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

26 HOUR

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8		REGISTRAR	FIRST	ME	MIDDLE	MINER'S	CERTIFIC	ATE OF DE	ATH REG.		DAY YEAR	Iza. HOUR
Waste.		E OR PRINT)		orothy	Ellen	A1	der		OF ESTI- DEATH MATED		7 19 81	M. HOUR
a di (MN)	3. SEX	emale	white	S. DATE OF BIRTH MONTH DAY 8 13	6. AC	SE (IN YEARS IF	UNDER 1 YR.	F UNDER 24 HRS.	2c. DATE PRONOUNCED DEAD	монтн	7 19 81	2d. HOUR
PRESSA WITHIN TO A PRESSA	7e BI	RTHPLACE (ST.	ATE OR  MD	76. CITIZEN OF WI	AT COUNTRY?	8 MA	RRIED   NEVE	ER MARRIED XX			Y OF DEATH	PM
PACE 5		TY OR TOWN O	OF DEATH	11. NAME OF HOS		HOME, OR O	THER INSTITUTE	ON 12a US	SUAL OCCUPATION MOST OF WORKING LIFE) Homemaker	(TYPE OF WORK	126 KIND OF BU OR INDUST	JSINESS RY
E, MD. 21201 ATH. IF ANY DELA S 1, 2, AND 3 TO PM 3, REFAIN P ND 2 SHOULD BE VITAL RECORDS	USUA 13a S		IF IN NURSING HOME C 13b. COUN	DR OTHER INSTITUTION, GI	13c. CITY OR T Baltim	OWN	13d. IHSIDE CITY YES	LIMITS? 130. STI	REET ADDRESS	Heights	Ave.	
BALTIMORE, MD. 21201 S. AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND 3 TITH FORM PM. 3, RETA PAGES 1 AND 2 SHOUL WISION OF VITAL RECO		THER'S NAME FIRST George		MIDDLE	A Ld		Id	'S MAIDEN NAM $\alpha$	Anna	Fr	ischkne	cht
ST., BALTIMORE, IN COURS AFTER DEATH 18. GIVE PAGES 1 WITH FORM PWAIT PAGES 1 AND E. DIVISION OF VII	16a. V (Y	VAS DECEASED ES, NO, OR UNKNOV NO	PEVER IN U.S. AR/	MED FORCES? WAR OR DATES)	16b. SOCIAL S 214-14		17. INFORM	atherine	Ifred F. Bel	Alder Air, M	D 21014	
201 W. PRESTON ST UVED WITHIN 24 HOU IN PENCIL IN ITEM 18 EXAMINER ALONG RIAL - TRANSIT PERMI D. MENNAL HYGIENE, ON, OR REMOVAL.		Candition gave ris cause (a) lying caus	IMMEDIAT s, if any, which to immediate stating the <u>under-</u>	TE CAUSE (a), Ar	AS A CONSEQUAS A CONSEQU	erotic JENCE OF JENCE OF			disease		APPROXIMATI BETWEEN ONSE	T AND DEATH
MITAL RECORDS, SHOULD BE EXECTION OF PENDING, CHIEF MEDICAL E USED AS A BUILT OF HEATTH AN URIAL, CREMATI	CERTIFICATION	19a DATE OF					WAS PERFORM				20 AUTOPSY	? № ХХ
CERTIFICATE SHOULD CERTIFICATE SHOULD STING THE WORD "PE DED TO THE CHIEF A E 3 SHOULD BE USED. E DEPARTMENT OF HE OF PRIOR TO BURIAL, OF	MEDICAL CER	21a. EXTERNA UNDERLYING CONTRIBUTION 21d. INJURY O	OR CAUSE OF	DEATH P.M	MONTH DAY	YEAR	HOW INJURY O	OCCURRED (ENTER	R NATURE OF INJURY IN ITEM	A 18 PART 1 OR PAR	1 2)	
DIVISION THIS CERT IN	WE	WHILE AT WORK	NOT WHILE C		TORY, FARM, ETC.)	nome,	STREET		CITY OR TOWN	cou	NTY	STATE
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: ATTER DEATH, WITH THE SHALTIMORE, MARYLAND,		22a. I certif death resulte ACTUAL SIGNATURE	,	e of the remains des	Accident .	eld an Aut Suicide [	ADD. ADD. ADD. ADD. ADD. ADD. ADD. ADD.	ECIFY)	XX Inquiry, etermined manner	and in my ap.  DATE SIGNED	10/8/8	31
O MEDIC KECUTE AGE 4 8 O FUNE FIER DE ALTIMO		EXAMINER'S N (TYPE OR PRIN	IT)HO	rmez R. G			ADDRESS		nn Street,	Balto.	,MD 2120	01
278 BP	(5	Brecify)		10/10/81	Loud	on Park	OR CREMATOR	ry Ba	OCATION YORTOWN Itimore Ci	ity coun	M	D
DHMH - 17 (VR A15 ME (5)) 15M 2/80	87	28 Libe	erty Rd.,	g Byers F Randâlls	town, M	D 21133	25	OCT 9	1981 ZA	unco )	Can last	hen



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## FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	(1172	G	OLDIE			AL	LEN				10	10	81	7:25	
	3 SEX	(		4 RACE			OF BIRTH	45.0	6 AGE (IN	YEARS LAST BI	RTHDAY}	IF UN	DER I YEAR	IF UNDER	24 HRS
ij	Ma	le	-130	Black		6 MON:	ZAY	02	79		YRS		DATS	HOURS	WIN.
1	7a. BI	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUN	ITRY? 8	NEVER	MARRIED [	9 BALTIM	ORE CITY	OR COUN	ITY OF E	DEATH		
3	VI	RGINIA		U. S.	Α.	WIDOW		NORCED	Balt	imore					MD.
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0	14 FA	THER'S NAME		MIDDLE	LAS	1	15 MOTHER	S MAIDEN NA	WE	MIDDLE			LA	ST	
		AMBROSI			ALL	EN		ANNIE		Tie				TERSO	NC
		(AS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORM	ANT		ADDR	ESS			D-M-83	
	Ye	S	W	VII	213-0	9-1823	VAMC	record	s, Bal	timbr	e, M	ary1	and	21218	3
		18 CAUSE OF DEAT PART I. DEATH V	H Enter on	ly one couse per	line for (o), (b	o), and (c).)							BETWEEN	ONSET AND	DEATH
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		underlying couse	lost	(c)			111-								100
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	CERTIFICATION														
,	ICA	190 DATE OF OPERA	TION	19b. COND	ITION FOR W	HICH OPERATIO	ON WAS PERF	DRMED	20a AU	TOPSY?				NGS USED	
	RTIF								YES 🗌	NO		YES 🗌		NO [	
		21a. ACCIDENT WAS UN				DAY YEAR	21c. HOW II	NJURY OCCUR	RED (ENTER	NATURE OF INJU	JRY IN ITEM	IB PARTI	OR PART 2)		
	CAI	(IF EITHER NOTIFY MEDI	CAL EXAMINER	P.,		19									
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		226 SIGNATURE	-0	1.500	~ ME	)	DEGREE	ATTENDING	MEDICAL	STA				SIGNED	
		Ken	_ D.	aue	0 /14			PHYSICIAN [		R PHYSI			10	111/8	7
		22d. PHYSICIAN'S N	0	OR PRINT)		^	22e ADDRE								
		Renam	7 B.	Wills	5 M.	υ.	VAMO	, Balti	imore,	Mary	land	212	18		
		URIAL, CREMATION,	REMOVAL			23c. NAME OF	CEMETERY OR	CREMATORY	23d. LOC	ATION TY OR TOWN	33.2	COL	INTY	5'	TATE
		BURIAL		10/15/	/81	MD. VE	T CEME	CERY		DWNSVI	LLE	ATAI		МТ	

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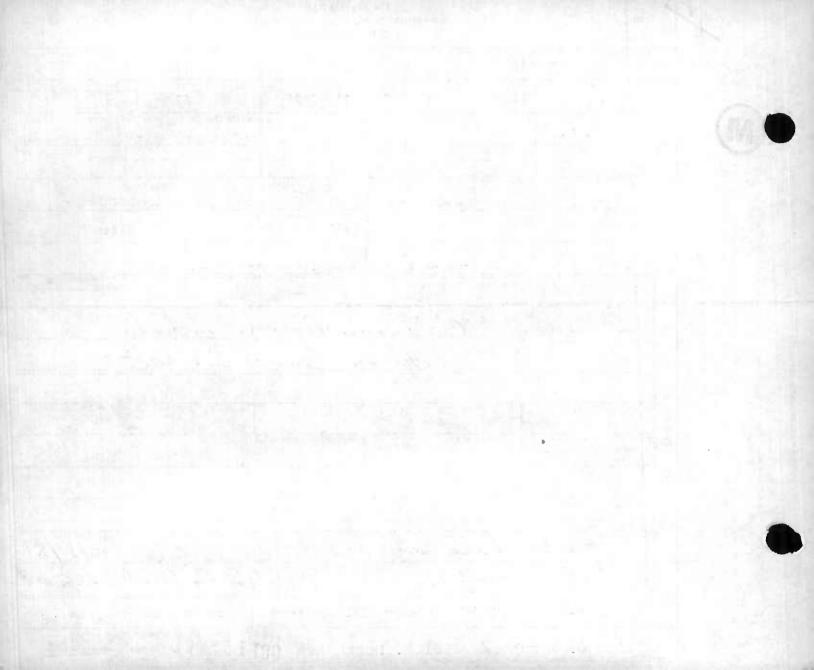
24 FUNERAL DIRECTOR
W.C. MARCH F/H 1101 E. NORTH AVE.

CROWNSVILLE BY REGISTRAR 256 REGISTRANS 250. DATE REC'D.

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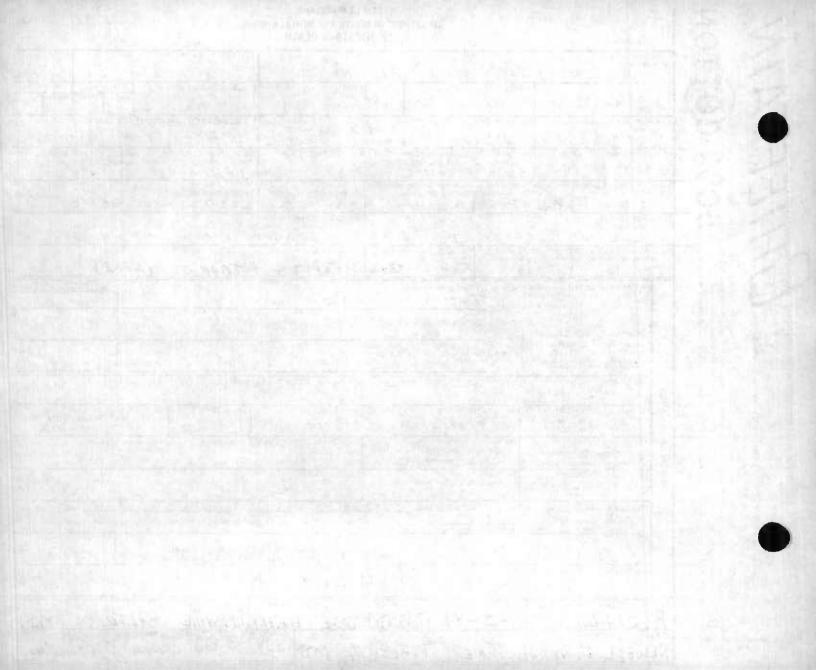
- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



	- STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	. 0 0 0
be eath	1. DECEASED NAME FIRST	TH CORDELIA	ALTMAN	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 3.35PM
× 0.70	3. SEX Female	4 RACE White.	5. DATE OF BIRTH  MONTH DAY YEAR  0 1 2-7 2 1	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
neral din	76 BIRTHPLACE ISTATE OR FOREIGN COUNTRY) CFOR CARA.	76 CITIZEN OF WHAT COUNTRY?	1	9. BALTIMORE CITY OR COU	NTY OF DEATH
s ofter do	BALTIMORE	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION (ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKII HOUSE WIFE	126. KIND OF BUSINESS OR INDUSTRY
r fille	USUAL RESIDENCE (IF NURS IN TOMES OF THE SOUL STATE		VN 13d INSIDE CITY LIMITS?  YES □ NO ☑	130. STREET ADDRESS	L DRIVE 2/20
omplete ond 2	14. FATHER'S NAME FIRST LELAND	MIDDLE LAST CRADY. JONE		MIDDLE	DYKES.
on and or s. Pages		RMED FORCES? 166 SOCIAL SECTION OF 254-28		ALTAAN JR. (	
death certificate intending physici ve carbonoppei tion, ar removal.	1539 MMEDIA Conditions, if any, which	DUE TO, OR AS A CONSEQU	CENERAL!		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  OND MCDIL
quires that the signed by the hen please rem to burial, crema jury, or other t	gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT  CAUTEX			AINAL DISEASE OR CONDITION	GIVEN IN PART 1(0
The low re- cton. e has been sit permit. If giene prior hows any if	190 DATE OF OPERATION AUG' 80	· CARCINOM		YES NO NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
YSICIAN:	OR CONTRIBUTING A CAUSE OF DE	HOUR A.M. MONTH D	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
DING PHY arrattend After this se as the b colth and A marked a	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET N / L	CITY ORTOWN	COUNTY STATE
OK ATTEND OK ATTEND DIRECTOR: sched for use Dept. of Heaz 1 is n	saw the deceased alive a	oital) attended the deceased fram in 10 t 2 9 19 6 attiview the body after death.		death accurred an the date and	haur and fram the causes stated  22c. DATE SIGNED
by the by the ERAL e detse detse ANT:	224 PHYSICIAN'S NAME LITTE	WW.	77e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN C	10/29/81 Ballimore
O o o o o o o o o o o o o o o o o o o o	230. BURIAL, CREMATION, REMOVA	0.1	NAME OF CEMETERY OR CREMATORY	23d LOCATION CHYORTOYN	a COUNTY STATE
BP	KURIAL	111-2-81	RUID RIDGE CENETED	evitiKESVIIIE K	ALTO. MD.

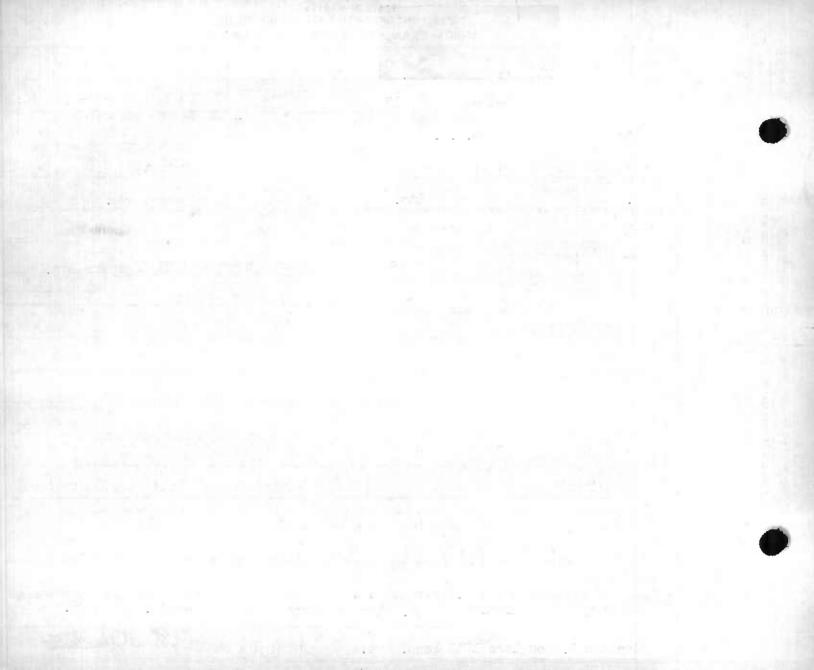
STATE OF MARYLAND



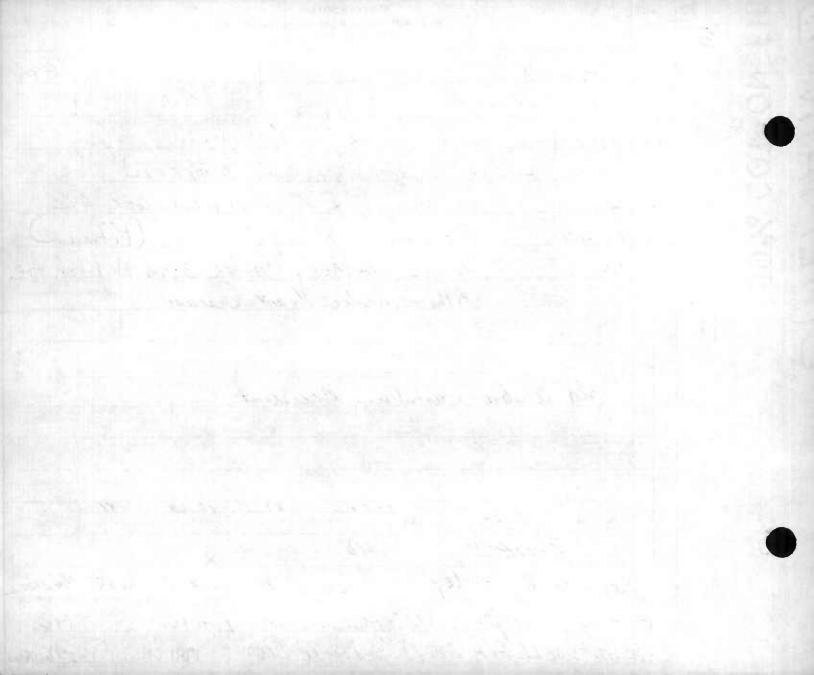
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2	1.	FOR STATE	D	EPARTMENT OF	HEALTH AND MENTAL HY	GIENE O	60 0	, 0 0 /
	<b>'</b>	REGISTRAR		CERTII	ICATE OF DEATH	REG. NO	D.	
N . /.	1. DE	CEASED NAME FIRST	MIDOLE	0	LAST	20. DATE OF DEATH		YEAR 26 HOUR
1 /11		FLEAN	NA B.	HNO	FRSON	1	0-20	81
	3 SE		4 RACE	5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRT		NDER I YEAR IF UNDER 24 HRS
	1	EMALE	COL	MONT 2	21 09	72	YRS.	HS DAYS HOURS MIN.
No Aller	Ta BI	RTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COL	JNTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY O		DEATH
1711	P	HILD, PA	U.S. A	WIDOWI	_	BAKTIMO	05 0	ITU MD
1111/	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FAICHLITY, GI	NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	ON I	26. KIND OF BUSINESS OR
5 3 4	B	ALTIMORE		/ /	FIGHS AVE	HOMEMAI		NDUSTRY
2120 Hours	13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDEN		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
N Z THE ST	N	ARYLAND	17/-	TIMARE	YES NO	M 1:00 /	TATY A	ota. ALCA
within 22 should a should	14. F.A	THER'S NAME	MIDDLE . A CO. L	467	15. MOTHER'S MAIDEN NA			
MAR ed w mple	/	PARSHALL V	MASS	FU	MINNIE	13044	AND	LAST
		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	AL SECURITY NO.	17 INFORMANT	ADDRE	SS	
BALTIMORE, sole be executed to be executed by sistem and complets. Pages 1 you!.		NA (IF 125, GIV	216	16 4737	MR. MARCELL	P. FIERRY	34234	AND THE AND
ALT orte b sicro pers.		18 CAUSE OF DEATH (Enter or		, (b), and Ick		7 (1.1.201.0)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T., BAI		18 CAUSE OF DEATH (Enter or PART). DEATH WAS CAUSE	TE CAUSE ON NOT K	NOWN_	? 20 to SE1:	ZURE COM	1100?	TO THE TOTAL PROPERTY.
ON S ding orbo		7999	DUE TO, OR AS A COL					
death death		Conditions, if any, which	PROB	ABLY AL	ZHEIMERS D	ISEASE _	100	
PRE of the of th	7.5	gave rise to immediate couse (a), stating the	DUE TO, OR AS A COL					
1 W. hot hot by t ose r		underlying cause lost	1 /2 0	LUPES	2º to ALZH	TEIMBES DIS	MASE	
ires t ires t n pled burio ry, or		PART 2 OTHER SIGNIFICANT				AINAL DISEASE OR CONT		N PART 1(a)
DIVISION OF VITAL RECORDS, 201 W. PRESTON  NG PHYSICIAN: The low requires that the death or ottending physician.  Steet this certificate has been signed by the attendin os the burrol-transit permit. Then please remove cort th and Mental Hygiene prior to burrol, cremation, or orked or them 18 shows any injury, or ather troumotic	CERTIFICATION	? ALZHEIM	ERS DISKI	ASE + SA	EIZUPES.			
BCO ov r	CAT	190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE	RE FINDINGS USED
ALR he loon. hos t pee	TE	NA				YES NO	YES T	G CAUSES OF DEATH?
F VITA AN: The physicist fricate transit Hygist Hyg	CER	210. ACCIDENT WAS UNDERLYING		THE DAM YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)
N OF VII	AL	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	IN DAY TEAR	NONE			
PHYS endin this of the bur d Me	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,		211 LOCATION	CITY OR TOW		COUNTY STATE
IVISI	2	AT WORK AT WORK	(AT HOME, STREET, PACTORY,	, OFFICE, FARM, ETC.)	JINEET	CIIT OR TOW		COUNTY STATE
ADIN ADIN S TO S T		220.1 certify that (I) (this hospi	tal) attended the deceased	fram	19 7	, to Dec	. 19.	That () (we) lost
TITER Pritol for it	23	sow the deceased alive on above, (1) (we) and (did no	Dec 3	19 80	nd that in (my) (our) opinion	death accurred an the do	te and hour and	I from the couses stated
hos hos hed hed ept.	1	226. SIGNATURE	A		DEGREE	7		224. DATE SIGNED
the Die Die Die Die Die Die Die Die Die Di		Dranger &	Jutton	M	ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []	10/22/81
HOSPITAL ined by th FUNERAL wid be detected to the Stote		224 PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS EEG-			TOSPITAL
TO HOSPITAL retoined by t TO FUNERAL should be det with the Store MAPORTANT.		GRANGER O	UTTON		22 South G	REENEST.	BAUTIN	TORE, MOZIZON
0 £ 5 £ 3 ₹	23a. B	URIAL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	77.7	
15/1 BP	1	DUPIAL	10-24-81	CREST	LAWN CEM	SYKES LIN	U. Fan	SALO CAS MO
DHMH - 16 50M 7/77	24 FU	NERAL DIRECTOR				TE REC'D. BY REGISTRAR		
(VR A 15 (4))	1	SSEAN L. RU	49 2302 Wi	NORTH	AYE 0	CT 26 1981	Tornes	Jan Parthen

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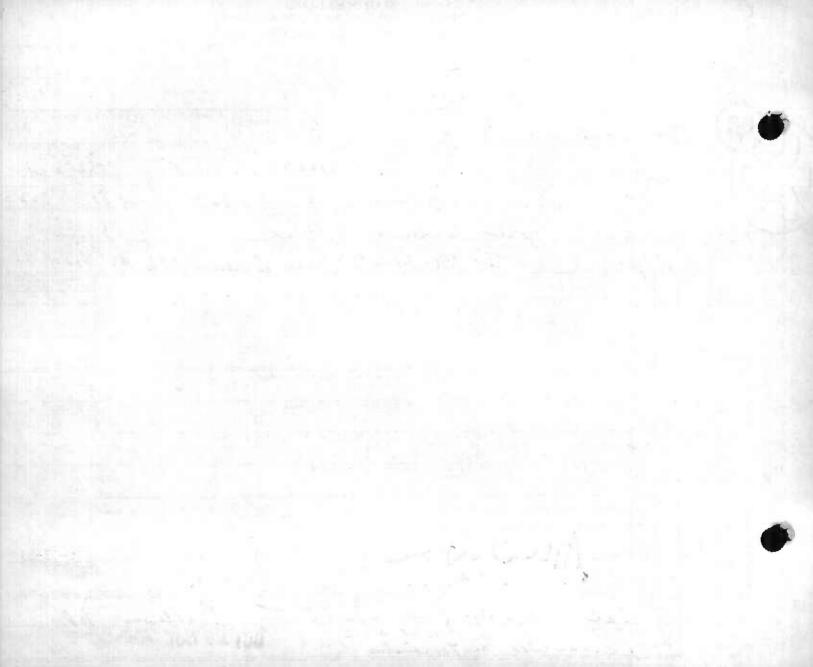
1	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENS  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.											Š	
T.	DECEASED NAM	FIRST		MIDDLE			LAST		2 a	DATE K	NOWN C	MONTH		YEAR	26 HOUR
V		NA.	TALIE		D.	1	ANDERSO	NC			MATED [		-14-8	3,1	,
)	female	4. RACE black	5. DATE OF BIRTH	YEAR S	6. AGE (IN YE LAST BIRTHD	ATLACAL TYA		HOURS		DATE RONOUNC DEAD	CED	10	-14-8	3J	12:20
7.	Balto	TATE OR	76. CITIZEN OF W	HAT COUN	VTRY?	8. MARRI WIDOW	ED NEVE	ER MARRIED		BALTIMO Balt	imore			EATH	ME
4	Baltimor	·e	11. NAME OF HO: (IF NOT IN SUCH F.	SPITAL, NU ACILITY, GIVE S HOSD I	treet address)	, OR OTH		ON	12a USUA FOR MO	L OCCUPA	ATTON (TYP	E OF WORK	12b KIN	ND OF BU	SINESS
13	SUAL RESIDENCE B. STATE Md.	(IF IN NURSING HOME O	R OTHER INSTITUTION, G	13c CITY	OR TOWN	ON)	134 INSIDE CITY YES 🌋	r LIMITS2   1	4981	T ADDRES	s emere	Ave	•		
14	Carl		MIDDLE	nders	last Ion			becca	NAME	MID			- , (	(AST	
16	(YES, NO. OR UNKNO	D EVER IN U.S. ARA	AED FORCES? WAR OR DATES)	16b. SQ6	none	Y NO.	17. INFORMA Rebe	cca A	nder	son 4	ADDRESS 981 E		ere	dve.	
/	gave ri cause (o lying cau	ns, if any, which se to immediate stating the <u>underselast</u> .  GNIFICANT CONDITIONS	(c)		NSEQUENCE (		DR CONDITION (	GIVEN IN PART	1 (a).						
	190. DATE OF	OPERATION	19b. COND	ITION FOR	WHICH OPER	ATION W	AS PERFORM	ED?						UTOPSY?	
1	210. EXTERNA UNDERLYING CONTRIBUTI	CAUSE WAS OR OG CAUSE OF E	216 TIME O POUR A.A	4.100NTH	3.0811 YEAR	Duri	owinjury on ing ca	occurred andle	in S	ture of INJUI	well	PART 1 OR F			NO []
1	O 21d INTURY		21e PLACE	TORY, FARM, E	( AT HOME,		ration 18 Edge	emere	Aver	city or town	Balti	moré	очит Мат	rylar	nd STATE
3		fy that I took charg ed fram: A Natur NAME	e af the remains de al causes .	Accident		Autapicide	Hamicia			Inquiry [	iner,	DATE SIGN	pinion	-14-8	31
23		TION REMOVAL 2	36. DATE 10-17-81	23c.	ME OF ZE			RY Y	23d. LOC CITY OR	ATION B	alto.	со	UNTY M	d. st.	ATE
2	4 FUNERAL DIREC	tor con C. Doi	uglass 10	512 P€	enn. Av	re.	25	OCT	C'D. BY R	1981	Then		SIGNA	ath.	2



STATE OF MARYLAND



5/	1.	FOR			DEPART	STA MENT OF	TE OF MA HEALTH A	ARYLAND AND MENTAL	HYGIEN	ei	9 5	6 1	- 0
7	1-	STATE REGISTRAR		MI				RTIFICATE		TH	G. NO.		
Maint Sei		CEASED NAME PE OR PRINT)	FIRST		MIDDLE		LA			20. DATE KNOW OF ESTI DEATH MATE	N X MONTH	13 1981	2b. HOUR
M. PLEA NECTO NW STREE	3. SE	ale	Mhite	5. DATE OF BIRTH	1923	6. AGE (IN YE.	(A) NOWLHP	ER I YR IF UNDE	R 24 HRS.	74. DATE PRONOUNCED DEAD	MONTH 10	13 1981	2d. HOUR 12:33
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tin	IRTHPLACE (ST DREIGN COUNTS) The Coar ITY OR TOWN C	slina	76. CITIZEN OF V	S. A.	TRY?	8. MARRIED WIDOWED		CED 🗆	9. BALTIMORE C	re City	ITY OF DEATH	MD.
OF COLORS AND THE COL		Baltimo	re	11. NAME OF HO (IF NOT IN SUCH I 1136 W	FACILITY, GIVE ST	reet ADDRESS)	~ 2	1123	120. USI	ALOCCUPATION MOST OF WORKING US	E)	OR INDUS	USINESS TRY
E ASEAS		TATE FLOR	IF IN NURSING HOME OF	ſΥ	Bre	ORTOWN	٠	d. Inside CIP LIMITS? YES NO [  S. MOTHER'S MAID	1/3	EET ADDRESS	Erect .	C4- 21	1223
IMORE. MD. FR DEATH II PAGES 1. 2. CORM. PM 3. SS 1 AND 2.8 ON OF VITAL	16a. V	Pobe VAS DECEASED		Touly AED FORCES?	lend	LULLANT TIAL SECURITY	/	Pla INFORMANT	JEN NAME	ADD	PRESS	Diels	
MS AFTE GIVE P WITH FO PUTSION	()	ES NO, OR UNKNOW	DEATH (Enter anly	W.IL	238-	24-4	1707	Grace (	Ende	13 moon 113		Craff APPROXIMA	I.L.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ERE. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HO ATE, WRITING THE WORD "PENDING" IN PENCIL. IN TERM CORWARDED TO THE CHIEF MEDICAL EXAMINER ACONG DR. PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERM HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIBLE VD, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL		42 Canditian gave rise	JIMMEDIATI s, if any, which to immediate stating the under-	E CAUSE (a) A  DUE TO, O	rteric RASACON		)F	ardiovas	cular	disease		BETWEEN ONS	ET AND DEATH
DIVISION OF VITAL RECORDS, 201 S CRTIFICATE SHOULD BE EXECUTE RITING THE WORD "PENDING" IN P ROED TO THE CHIEF MEDICAL EXA E3 SHOULD BE USED AS A BURIAL. EDEPARTMENT OF HEALTH AND M OI PRIOR TO BURIAL, CREMATION,	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 and											
SHOULD CHIEF ORD THE NATION HE BURIAL	CERTIFICATION	19a. DATE OF				VHICH OPER		PERFORMED?				20 AUTOPSY	? NO 🗓
SION OF STIFICATE WG THE W O TO THE SHOULD PARTIMEN RIOR TO	MEDICAL CER	216. EXTERNAL UNDERLYING CONTRIBUTIN 216. INJURY OF	OR G CAUSE OF D	EATH P.A	M. MONTH	19	21f. LOCA	/ INJURY OCCURR	RED (ENTER N	NATURE OF INJURY IN IT	EM 18 PART I OR PA	RT 2)	
DIVI THIS CEI WARDEC PAGE 3: STATE DE	ME	WHILE AT WORK	NOT WHILE AT WORK	STREET, FAC	CTORY, FARM, ET	C)	STREE			CITY OR TOWN	co	YINUG	STATE
TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFFER DEATH, WITH THE STILL BALTIMORE, MARYLAND, 2	-	death resulted  ACTUAL SIGNATURE  EXAMINER'S N	A A	al causes X,	Accident	, Sui	Autopsy cide, M.D.	Hamicide , TITLE (SPECIFY) ASSISTAT	Undete	Inquiry	and in my and , , , , , , , , , , , , , , , , , , ,	10 1	3-81
DHMH-17 (VR A15 ME (5))	1	(TYPE OR PRIN	T)	b. DATE 10-16-198	Bay	AME OF CEM		REMAJORY Cometer	CHYC	CATION	REGIS LAB S	Status 1	TATE
15M 2/80		10	enac 14	en one	1010	xuell	00						



STATE OF MARYLAND

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K	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE S  CERTIFICATE OF DEATH  CERTIFICATE OF DEATH	2
r may be	Alfred Ankewitz 20. Date of Death Month DAY YEAR 26 HOUR  S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24	SPM HRS MIN.
<b>9</b>	The CITIZEN OF WHAT COUNTRY? 8  MARRIED NEVER MARRIED SHOWED BALTIMORE CITY OF COUNTY OF DEATH  WIDOWLOG BUSINESS  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 126 KIND OF BUSINESS	MD.
LAND 21201 him 24 hours die should be friest v	AL RESIDENCE IN THE COUNTY STREET ADDRESS)  AL RESIDENCE IN THE COUNTY STREET ADDRESS STATE STREET ADDRESS STATE STATE  ATTERISE NAME  (TYPE OF TWO REFORM OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13d. INSIDE CHTY LIMITS?  13d. INSIDE CHTY LIMITS?  13d. STREET ADDRESS  13d. STREET ADDRESS	,
MORE MARY and complete Pages 1 and 2	ASSOCIATED EVER IN U.S. ARMED FORCEST 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 3nd. Street 21 217-03-0117A Miss Lois A. Ankewitz 3800 3nd. Street 21	
DS. 201 W. PRESTON ST., BALTI quives that the death certificate to righted by the attending physicus her please remove cachen papers. To burial, cremotice, or removal. Toping, or other traumants event, the	CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  UNIT 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0	
SION OF VITAL RECOR	196 CONDITION FOR WHICH OPERATION WAS PERFORMED  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO  YE	
SPITAL DR ATTENDING  1 by the hospital or orth  VRAL DIRECTOR After the detached for use as it  Shafe Deept of Health or  ANT, if them 21 is marke	The Location that (I) (this hospital) attended the deceased from 2 , 19 d , to 9 , 19 d , that (I) (we saw the deceased abuse on above, (I) (we) (did) (slid net) view 15 basy after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 9	
223/BP	BURIAL CREMATION REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY Mary IN	H-2/
DHMH - 16 50M 1 4 1 (VRA 15, 4)	37 E. Patapsco Avenue Baltimore M. 21225 OCT 22 1981 Cornes	

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page 3

STATE OF MARYLAND
FOR DEPARTMENT OF HEALTH AND MEN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

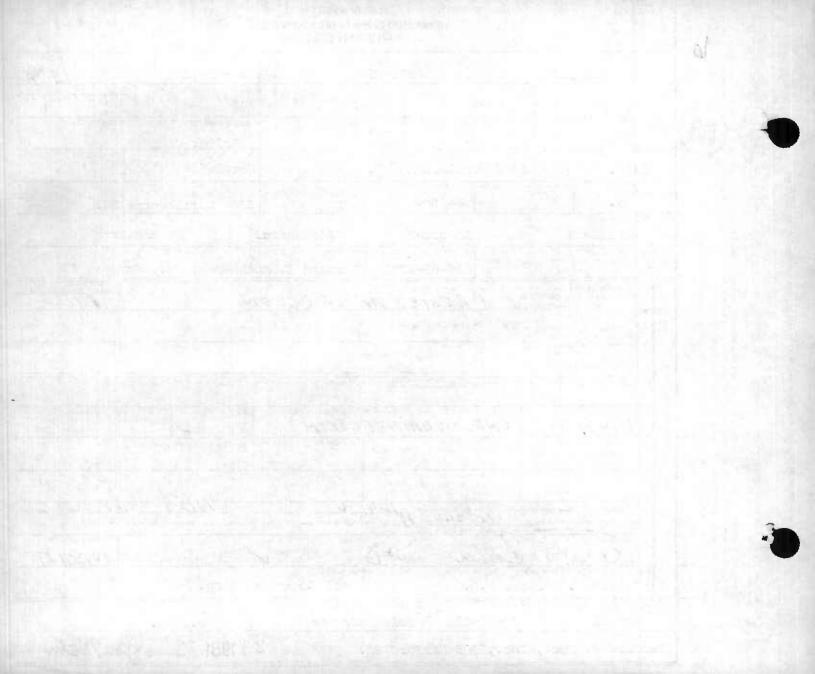
1.	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.		
	ECEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH MONT	H DAY YEAR	2b. HOUR
(117	Josephine		Ar	ntkowi	ak	10-27-81		1738m
3 SE	X	4 RACE	L CLE	5 DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	
	Female	Whit	e	9-8	-20 DAY YEAR	61	YRS.	HOURS MIN.
W	IRTHIPLACE (STATE OR FOREIGN	b CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH	
PC	Md.	U.S.		WIDOWE	D DIVORCED	nBalto. Citu	7	MD.
1	Balto.	1504 N	orthbourn	ne Rd.	DR OTHER INSTITUTION	170 USUAL OCCUPATION USUAL OCCUPATION HOUSEWITE	KING LIFE) INDUSTRY	OF BUSINESS OR
13u	AL HESIDENCE (IF NURSING HOME OR )		GIVE RESIDENCE BEFOR 131. CITY OR TOW Balto.	e admission) VN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 1504 Northbou	ırne Rd.	
II E.	ATHER'S NAME Stanislaus	NIDDLE	Laszczak	2	15. MOTHER'S MAIDEN NAM  Alexandre		Blaszczak <sup>^</sup>	ST
	WAS DECEASED EVER IN U.S. ARA	MED FORCES?	166. SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRESS		
	No .	WAR OR DATES	216-07-9	792	Bernard L. A	ntkowiak, Sr.	, Same as	13e
CERTIFICATION	PART 2 OTHER SIGNIFICANT C	(c)	ITION FOR WHICH	DEATH BUT	N WAS PERFORMED	20a AUTOPSY? 20b.	N GIVEN IN PART 11 IF YES, WERE FINDINGERTIFYING CAUSES	NGS USED
	21a. ACCIDENT WAS UNDERLYING	216. TIME C	CONON  OF INJURY  M. MONTH D			YES NO PORTON IN THE PROPERTY IN THE	YES []	NO 🗌
13	OR CONTRIBUTING CAUSE OF DEAT	"	М.	19		Sept History		
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e, PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC ]	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	270.1 certify that (1) (No haspits saw the deceased alive an above. (1) (no) (did) (did so)	10	724/ 190		nd that in (my) (ass) apinion d	eath accurred on the date an	d haur ond fram the	that (I) (===) last causes stated
	Koperti	Sont	ev	mil		MEDICAL STAFF DIRECTOR   PHYSICIAN [	181	27/87
	Robert T. Par		D.		Good Samarita	an Hosp.		
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 10-30	100		emetery or crematory Redeemer	23d LOCATION CITY OR TOWN Balto., Md	COUNTY	STATE

DHMH-16-50M T/8T (VRA 15, 4)

Leonard J. Ruck, Inc.,5305 Harrord Rd.

250 DATEREC'D. BY REGISTRAP 256. REGISTRAP'S SIGNATURE

5013



	FOR STATE REGISTRAR
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH 26. HOUR (TYPE OR PRINT) Anna Louise Arnold October 5, 1981 10.20 M 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAYS Female Sept. 15, 1901 White BIRTHPLACE ISLATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Pennsylvania Baltimore City USA WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR Maryland General Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Cashier USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore W. Rogers Avenue 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST FIRST Amelia Heilman Oliver Charles Yessler 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 2211 W. Rogers Avenue 218 14 4933 The Wesley Home 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY: Congestive Heart failure 20 minutes IMMEDIATE CAUSE (D. DUE TO, OR AS A CONSEQUENCE OF MYOCARDIAL Infarction Conditions, if ony, which gove rise to immediate couse 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 9/17/81 Gangrene of the left foot 71a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

220.1 certify that X (this haspital) ottended the deceased from September 13

21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM ETC.)

81

21f. LOCATION

DEGREE

CITY OF TOWN

October |

COUNTY STATE

and that in (96) (our) opinion death accurred on the date and have and from the causes stated 22c DATE SIGNED

10/5/81

224 PHYSICIAN'S NAME (TYPE OF PRINT) Huang-TA Lin, M.D.

saw the deceased alive on October 5

above, X1 (we) (did) XX Yot view the body after death

23b DATE

21d INJURY OCCURRED

22b. SIGNATURE

Burial

AT WORK NOT WHILE

230 BURIAL, CREMATION, REMOVAL

c/o Maryland General Hospital 23¢ NAME OF CEMETERY OR CREMATORY

22e ADDRESS

ATTENDING

23d LOCATION

COUNTY STATE

Loudon Park Cemetery Baltimore

MEDICAL

PHYSICIAN DIRECTOR PHYSICIANX

250 DATE REC'D. BY REGISTRAR 256 REGIS

24 FUNERAL DIRECTOR DHMH - 16 50M 1/81

Burgee Funeral Home 3631 Falls Read21211

(VRA 15, 4)

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transfer of the second transfer and as an

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTA
STATE	

AL HYGIENE CERTIFICATE OF DEATH

REG. NO.				
20 DATE OF DEATH MONTH	DAY	YEAR	2b. HOU	JR .
October 6, 19	981			
6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HI
83	MONIHS	DAYS	HOUR5	MII

I. DECEASED NAME	FIRST		MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
(TYPE OR PRINT)	IDA	M	. Z	SH	October 6, 1	981	
3. SEX		4 RACE	S. DAT	E OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Female	9	White	5-	7-98 DAY YEAR	83 <sub>YR:</sub>	MONTHS DAYS	HOURS MIN.
TO BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8.	RIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH	
Md.		U.S.A	• WIDO	WED DIVORCED [	D-744 011	y,	M
10 CITY OR TOWN OF	DEATH		HOSPITAL, NURSING HOM	E OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND C	F BUSINESS OF
Baltimore	9	3900 N	· Charles St.	Apt. 1009	(TYPE OF WORK FOR MOST OF WORKING HOUSEWIFE	G LIFE) INDUSTRY	
USUAL RESIDENCE IFF	URSING HOME C		GIVE RESIDENCE BEFORE ADMISSIO	113d. INSIDE CITY LIMITS?	? 13e STREET ADDRESS		
Md.			Balto	YES NO	3900 N. Charle	es St.	
14 FATHER'S NAME				15 MOTHER'S MAIDEN	NAME		
Charles		MIDDLE	Hogg LAST	Sara	MIDDLE	rown	ī
160 WAS DECEASED EV		RMED FORCES?	166 SOCIAL SECURITY NO	. 17 INFORMANT	ADDRESS	1	
No	(IF YES, G	IVE WAR ON DATES)	213-74-3449	Mrs Rita	E,Schmidt S	Same	100
18 CAUSE OF DE PART I. DE ATH	H WAS CAUS		line to (a), (b), and (c).	en Infare	ten	APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
410 Conditions, if a	0		R AS A CONSEQUENCE OF	sellentie C	Pardi Vassella Res	ruse	
gove rise to couse (a), sti	immediate	DUE TO O	R AS A CONSEQUENCE OF				

underlying couse lost WHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a. AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21s. PLACE OF INJURY 211. LOCATION

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC )

CITY OR TOWN COUNTY

STATE

220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death

226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS

3900 N. Charles St. Baltimore, Maryland Charles Carr, M.D. 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE (SPECIFY) CITY OR TOWN

Baltimore

Burial 24 FUNERAL DIRECTOR

NOT WHILE

CERTIFICATION

prior

the buriol-tronsit per and Mental Hygiene

should be detached with the State Dept.

MPORTANT: If them 21 is morked or Item 18

REGISTRAR

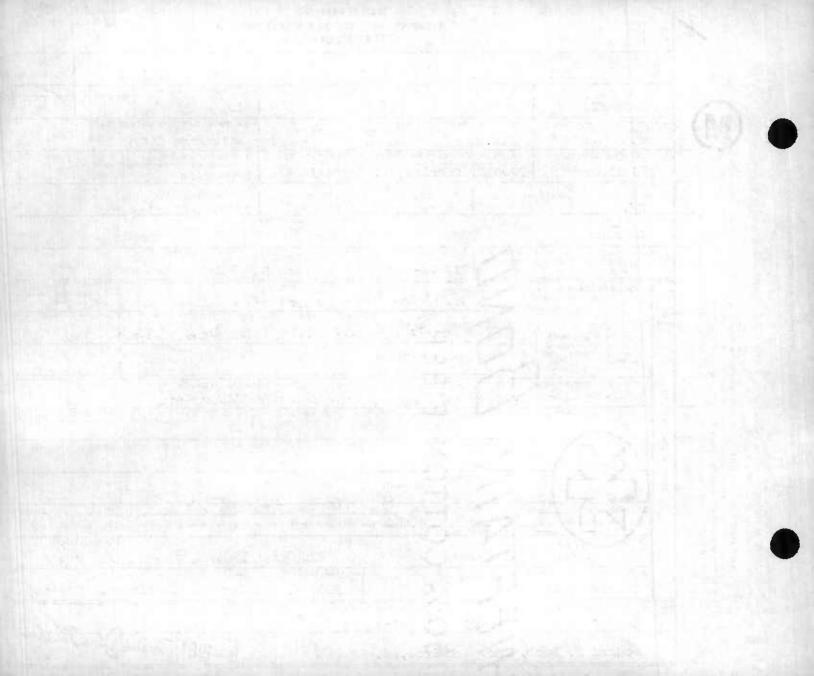
Balto. GRANCES

COUNTY

DHMH - 16 50M 1/81 (VRA 15, 4)

Lepnard J. Ruck, Inc. Balto., Md.

10-9-81



STATE OF MARYLAND

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0)	1.	FOR STATE			MENT OF HEA	F MARYLAND LTH AND MENTAL	*c#	27	2 5	5 5 1	1
8	1	REGISTRAR			XAMINER'	S CERTIFICATE	OF DEATH	REG.	NO.		
	1. DE	CEASED NAME FI	RST T	WIDDLE		LAST		OF ESTI-	7.0	DAY YEAR	2b. HOUR
EFF. SES.	2.00	11.04.65	Paul	h.		Avery		EATH MATED	□ 10	22 19 81	M
RY, PLEA DIRECTO DUR FILL NA STREE	ma ma	le / bla	ck S. DATE C	DAY YEAR		ONTHS DAYS HOURS		DATE DOUNCED DEAD	10	22 <sub>19</sub> 81	24 HOUR 8:44
SE S	7a. B	RTHPLACE (STATE OR	76. CITIZE	EN OF WHAT COUNT	RY? 8. M	ARRIED   NEVER MAI	RRIED 7. E	ALTIMORE CITY	-	TY OF DEATH	
	7	UA.	0	. S.A.	WIE	OWED DIVO		Baltim	ore C		MD.
		altimore	11. NAMI (IF NOT	E OF HOSPITAL, NUR IN SUCH FACILITY CIVE STI 2622 L	SING HOME, OR REET ADDRESS) NO	other institution rthway	Kei	ired	TIPE OF WORK	OR INDUST	RY
ANY D AND 3 RETAIN FECORD	USU.	AL RESIDENCE (IF IN NURSING 13b. C	OUNTY	TITUTION, GIVE RESIDENCE B	EFORE ADMISSION) OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET	ADDRESS	ola	Vorthu	ALI
E, MD.	Titte	ATHER'S NAME	WIDDLE	Avenu	AST	15. MOTHER'S MAI	DEN NAME	MIDDLE	Alle	LAST	1
FTER DE FORM GES I A	16a. \	VAS DECEASED EVER IN U. ES, NO, ORUNKNOWN) (IF YE	S. ARMED FORCES, GIVE WAR OR DATE	ES? 16b. SOC	AL SECURITY NO	17. INFORMANT	4 0	ADDRE	SS	1. W. A.	4.191
RES AFTER AWITH FOR PAWITH	H	18. CAUSE OF DEATH (En	ter anly ane caus	2/2-	16-042	o ynrichmi	1020 Muer	42622	Loya	APPROXIMATE	INTERVAL
# ST. MA 18 WAG V		PART I DEATH WAS C.	AUSED BY:	Art	erioscle	rotic cardi	ovascul	ar disea	se	BETWEEN ONSE	AND DEATH
STOP STOP STOP SOVA		4292	EDIATE CAUSE	E TO, OR AS A CONS	SEQUENCE OF						
PRESTO TITHIN 24 CLI IN II VER ALIC ANSIT P AL HYG REMOV	1	Conditions of any,		(b)							
DIED W. JIED W. NEW PENCHALL TROMBERT T		cause (a) stating the u lying cause last.		E TO, OR AS A CONS	SEQUENCE OF				64	0 m3 416	
CORDS, 201 BE EXECUTE VIDINGS IN EDICAL EXA S A BURRAL LITH AND M REMATION	z	PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING	G TO DEATH BUT NOT RELAT	ED TO THE TERMINAL D	SEASE OR CONDITION GIVEN IN	PART 1 (a).			1	
# ×55< <u-< td=""><td>CERTIFICATION</td><td>19a. DATE OF OPERATION</td><td>1191</td><td>. CONDITION FOR W</td><td>/HICH OPERATIO</td><td>N WAS PERFORMED?</td><td></td><td></td><td>el .</td><td>2D AUTOPSY</td><td>,</td></u-<>	CERTIFICATION	19a. DATE OF OPERATION	1191	. CONDITION FOR W	/HICH OPERATIO	N WAS PERFORMED?			el .	2D AUTOPSY	,
₹ 58±388	1 %	17.5								YES 🗆	NO XX
CERTIFICATE SY CERTIFICATE SY THING THE WO THE OF THE OF T		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUS	H	OUR A.M. MONTH	DAY YEAR	. HOW INJURY OCCUR	RED (ENTERNATU	RE OF INJURY IN ITEM	18 PART 1 OR PA		XX
VISIO ERTH BOO PRIO PRIO PRIO PRIO PRIO PRIO PRIO PR	MEDICAL	21d. INJURY OCCURRED	216	PLACE OF INJURY STREET, FACTORY, FARM, ETC		LOCATION STREET					
WARREN ATE	2	AT WORK AT WORK		SIREEL, FACTORY, FARM, EIG		SIKEEI	CI	Y OR TOWN		UNTY	STATE
AATE, PARE,		22a. I certify that 1 taak	charge af the re	mains described abov	e, held an A	tapsy . Inspect	tian XX,	nquiry ,	and in my aj	pinian	
EXAMINER: CERTIFICATI ULD BE FOR DIRECTOR., WITH THE I		death resulted fram:	Natural causes	XX Accident	, Suicide		Undeterm	ned manner			
MAX SECTION		ACTUAL	Mi	1	)	TITLE (SPECIFY)	n+		DATE	10/22/	01
EDICA MERCA MORE,	1	SIGNATURE	K	non		_M.D. <u>Assista</u>	MEDICA	LEXAMINER	SIGNE	D IU/CC/	01
TO MEDICAL E RECUTE THE PAGE 4 SHOU TO FUNERAL D SAFTER DEATH BALTIMORE, M	1	(TYPE OR PRINT)	Hormez	R. Guard.	M.D.	ADDRESS1	11Penn	Street B	Ralto	MD 2120	1
588548_	23a. B	URIAL, CREMATION, REMO			AME OF CEMETER		23d. LOCA		// cou	/	ATE /
15/3 BP	-	OUT IN I	10-30	0-81 11	1.610	n Cem	H	14, (	0-	17	<i>E</i> ,
DHMH-17 (VR A15 ME (5))	1	NAME OF POR	Duce	ADDES 541	. 1. +	L DO NO	E REC'D BY RE	BISTRAR TOURE	GISTRAP'S	That I	
15M 2/80		OSEPIIFI	100 )	+++2U	VINOVII	MUCI			0		

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REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 50M 1/B1 (VRA 15, 4)

				STATE OF MARYLAND		A 100	A	
	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		2 2 0	2 0	
	1 DE	CEASED NAME FIRST	WIDDLE	LAST	REG. NO.	NTH DAY YEAR 12h	HOUR	
Ę		E OR PRINTS MARY	LINDA	BAILEY	//	10 26 81 10		
	3 SE	Temale/	White	5 DATE OF BIRTH MONTH DAY YEAR 5 46	6 AGE (IN YEARS LAST BIRTHDA		UNDER 24 HRS. OURS MIN.	
-		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	9 BALTIMORE CITY OR C			
2	Ma	aryland	USA	MARRIED NEVER MARRIED X	Baltimor		MD.	
2	10. C	BALTIMORE	OT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION TADDRESS IN A I HOSPITA		ORKING LIFE) INDUSTRY  acher	USINESS OR	
5	13a S	AL RESIDENCE HE NURSING HOLE OF	ROTHER INSTITUTION GIVE RESIDENCE BEFOR		13e STREET ADDRESS			
1		aryland Ann	Arundel Glen	Bernies & NO [		sbury Aveni	ue	
51	14 FA	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	IAME MIDDLE	1241		
6			llis Baile		Mae	Howa	ard	
2		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL SEC	URITY NO. 17 INFORMANT	8043 WG		rcle	
		no	217-44	1-993 Gerald Ba	iley Passade	ena. Md. 21	1122	
		18 CAUSE OF DEATH (Enter on	bly one couse per line for loy (b), or	pdict P T	1.	APPROXIMAT BETWEEN ONS	E INTERVAL ET AND DE ATH	
		IMMEDIA	TE CAUSE (0) ///e/ast	ATIC DREASS	MunomA			
		1749	DUE TO, OR AS A CONSEQU	JENCE OF		CO BIALLY		
		Conditions, if ony, which	(b)					
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF				
		underlying couse lost.	(c)					
	NO	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION	ON GIVEN IN PART 110		
5	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20	D. IF YES, WERE FINDINGS	SUSED	
	TIFIG				YES TO NOT	CERTIFYING CAUSES OF	DEATH?	
	CER	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN			
		OR CONTRIBUTING CAUSE OF DEA		AY YEAR				
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	N. 1			
	×	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFFICE.	FARM ETC ) STREET	CITY OR TOWN	COUNTY	STATE	
-1			tol) attended the deceased from	9/25 19.81	10 10/2	6 19 8/ that	t (l) (we) lost	
Н		sow the deceased alive on	t) view the body ofter death.	, and that in (my) (our) opinio	n death occurred on the date o		. ( ()	
		17h SIGNALURE	r) view the body offer death.	DEGREE		721: DATE SAG	NED /	
		elidar	Mas	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/4	6/81	
		22d PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS	_ onceron _ rinderar		101	
		Elio RA	W NOUDA			/		
	23a B	BURIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE	
		Burial	10/31/81 St	. Paul's Cemete	Marion	Somerset	Md.	
	24. FL	JNERAL DIRECTOR	ADDRESS	25a. D/	ATE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE		
	0	cotts. Mulson	\ Pocomoke	City, Md. NO	VO2 1981 2	me V. on		
						THE THE	JABO	

11.00 Luis Parley 2012 102 The see toose which will a see 3710 the with at the company with the thirty Sign would Elo Part Mara All the same of th Light of Mark 1881 St. Voltage of the Control of th 1 - STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

Setober 25, 1981 File m Yeb many 23, 1922 Kg Nonrinterly There are the state of the stat armaya de squite one . . First all the great had a great fed agreet fed the first one elemin milital but tend LERGING SELECTION OF A TOTAL SECTION

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FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

					REG. N	0.					
1. DECEASED NAME	MAE	MIDDLE		ARNES	20 DATE OF DEATH		28 81	26 HOUR			
3. SEX		RACE			( ACE			3 A			
SEA	0.	RACE	5. DATE O		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	HOURS MIN.			
Juna	u	Coli	MA	11,1890	7/	YRS					
BIRTHPLACE (STAT	TE OR FOREIGN 76	CITIZEN OF WHAT COUN	TRY? 8	□ NEVER MARRIED □	9 BALTIMORE CITY C	R COUNTY	OF DEATH				
la.		UIS, A	WIDOWE		BAllin	rore	Cilu	M			
CITY OR TOWN OF	DEATH 11	NAME OF HOSPITAL, N		ROTHER INSTITUTION	120 USUAL OCCUPAT	ION	126 K 4D O	F BUSINESS OF			
Baltimo	re	Keswick	Nurs	ing Home	Home m	A CEL	E) INDOSTRY				
SUAL RESIDENCE (#	NURSING HOME OR OTH		BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		/	.1.			
narylans	/	1941	10,	YES NO	1833	MAC	Son 1	me.			
(2000	ge MID	DIE Hollo	wnu	15 MOTHER'S MAIDEN NAME FIRST	MIDDLE	F	ields				
WAS DECEASED			SECURITINO.	PINFORMANT /	ADDR	E(S	1	1.			
NO	101	217-0	7-4192	mrs madel	SEP. 1833	mag	ison 1	404			
II. CAUSE OF D	EATH Enter only	ane cause per line far (a), (	bi, and ici				BETWEEN	MATE INTERVAL			
PARI I. DEAI	TH WAS CAUSED B	-1 - 1	erebial	Thombosis,	recure	nt	Tday	1			
14211	1	DUE TO OR AS A CONU	SEQUENCE OF				1				
Conditions	Con which	DUE TO, OR AS A CONS	casclerate	e. Con head Vas	Duran		411				
gave rise to immediate											
underlying c		DUE TO, OR AS A CONS	SEQUENCE OF								
		(c)									
		4		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVI	EN IN PART 1 a	1			
		ASPHEATION		menus.			200				
19a. DATE OF OP	PERATION	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES	, WERE FINDIN	GS USED			
		11130 01163			YES NO		S	NO [			
210. ACCIDENT WA		216. TIME OF INJURY		21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART 2)				
	CAUSE OF DEATH	HOUR A.M. MONTH									
OR CONTRIBUTING	MEDICAL EXAMINER)	P.M.	19	21f LOCATION							
WHILE   NO	OT WHILE	(AT HOME STREET, FACTORY, O	FFICE, FARM, ETC )	STREET	CITY OR TO	NWN	COUNTY	STATE			
AT WORK	TWORK		~	01		/	-				
		attended the decased f	rom	19 80	, to/6/	18	19	that (I) (we) las			
saw the dec	ceased alive an	ew the body of the leath.	19 , an	d that in (my) (aur) apinian o	death accurred an the d	ate and have	and from the o	causes stated			
226. SIGNATURE	1	X	(	DEGREE			22c. DATE S	SIGNED			
N	hely L	Orson	_	ATTENDING PHYSICIAN	MEDICAL STA		10-	28-81			
22d. PHYSICIAN	S NAME (TYPE OR PR	INT)		22e ADDRESS	J DIRECTOR FITTSK	TAIN L		7 7 7 1			
								-			
BURIAN CREMATI	ON, REMOVAL	23b. DATE 31 01	231 NAME OF C	METERY OF CREMATION	EM LOCATION	_	COUNTS	h. 61			
Lure	au	1431/8/	1000	ellaum au	1 Dalles	uta.		mer			
UNESAL DIRECTO	DUCA	1 1	a nin M.	- 25g DATE	REC'D BY PEGISTRAR	MEGISTI	ARE SIGNAL	RENT			
Lacro	a or 18	nes 222	IN, KA	mage IV	0 1301	1 search	Oil	Section.			

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the other should be detached to use on the bursol-transle permit. Their please remove come, the bas State Dept. of Meath and Mental Hyguene prior to bursol, cranotian.

ATTENDING PHYSICIAN, The

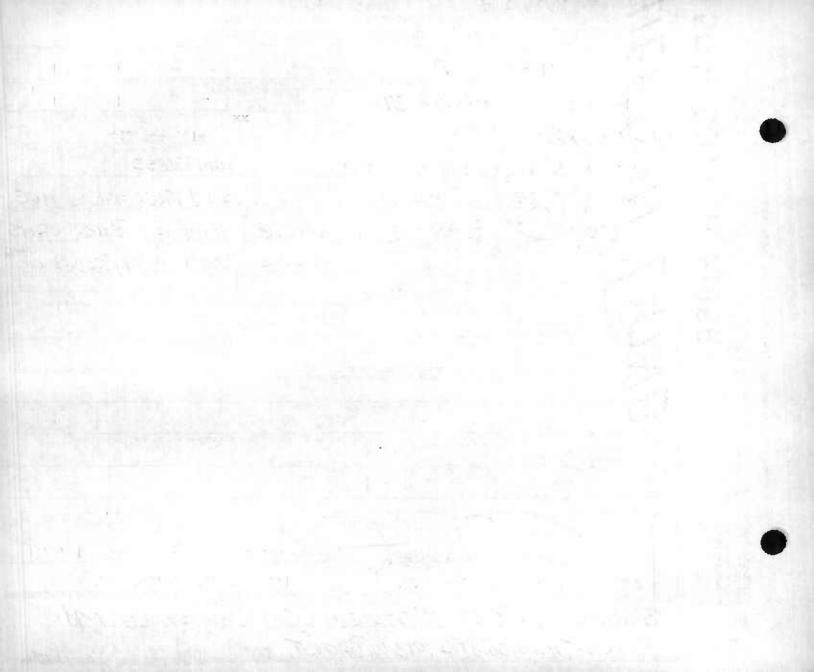
injury, or other fraum

MPORTANT, if them 21 is marked or them 18 shows ony

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15	1-	STATE	g561 11/			OF HEALT	MARYLAND H AND MENTA CERTIFICAT	9	ì	250	2 3
	). DE	REGISTRAR CEASED NAME	FIRST	WE	MIDDLE	MIINEK 3	LAST		REG. NO	MONTH DAY	YEAR 26. HOUR
War a War	(TY	PE OR PRINT)		N ID			BARNES	0	F ESTI-	10 19 19	81
FILES	3. SE	х	REDMC 4. RACE	S DATE OF BIRTH	6. AGI				ATE	MONTH DAY	//
TO SERVED	l n	nale	negro	10 19		4 YRS.	THS DAYS HOUR	MIN. PRONO	DUNCED EAD	10 19 10	81 1:33 P M
AST MYL	7a_9	IRTHPLACE (ST		76. CITIZEN OF WE		11	RIED VINEVER M	ARRIED 9. BAL	TIMORE CITY O	R COUNTY OF DEA	
100 mm	MA	RYLAND		USA		WIDO	Mr.		altimore	City	MD.
IF ANY DELAY IS AND 3 TO THE AND 3 TO THE SHOULD BE FILED RECORDS, 201		Baltin	ore	Baltim	ore City	Hospit		12a USUAL OC FOR MOST OF LONGSH	CUPATION (TYPE WORKING LIFE) OREMAN		OF BUSINESS DUSTRY
F ANY D AND 3 RETAIN P RECORD	130 S MA	RYLAND	IF IN NURSING HOME (	OR OTHER INSTITUTION, GI	13c. CITY OR TO BALTIMO	WN	13d. INSIDE CITY LIMI'	130. STREET AD 220 N.	GILMORE	ST.	
CAZ 32	14. F	ATHER'S NAME		MIDDLE	LAST		TS MOTHER'S M		MIDDLE	LAST	
200 × 40	100	REDMOND	EVER IN U.S. AR		BARNES 166. SOCIAL SE	CUBITY NO	QUEEN:	IE ,	ADDRESS	FRAZIER	
BALTMORE.  JRS AFTER DEA'  GIVE PAGES  WITH FORM P  T. PAGES JAN  DIVISION OF V	100.	YES, NO. OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)	100, SOCIAL SE	CURITY NO.	QUEENI	E FRAZIER		GILMORE	ST.
TAL RECORDS, 201 W. PRESTON ST., HOULD BE EXECUTED WITHIN 24 HOUS RED "PENDING" IN PENCIL IN ITEM 18, HIEF MEDICAL EXAMINER ALONG WOUSED AS A BURIAL TRANSIT PERMIT. OF HEATH AND MENIAL HYGIENE, DIRALL, CREMATION, OR REMOVAL.		gave ris cause (o) lying cou		(b)	AS A CONSEQUE  AS A CONSEQUE  DUT NOT RELATED TO T	NCE OF	SE OR CONDITION GIVEN	IN PART 1 (a).			
RECORDS. ILD BE EXECT PENDING. PREDICAL D ASA BUILD AN HEALTH AN	CERTIFICATION	19a. DATE OF					VAS PERFORMED?			120 AUTO	OPSY?
SHOULD ORD "PE CHIEF A TOF HE USED / UNINAL, C	실									YES	□ NO [X]
DIVISION OF VITAL RECORDS, THIS CERTIFICATE SHOULD BE EXECT WRITING THE WOORD "PENDING" WARDED TO THE CHIEF MEDICAL RAGE 3 SHOULD BE USED AS A BUR TATE DEPARTMENT OF HEALTH ANI 21201 PROPERTY	CALCER	UNDERLYING	OR CAUSE OF	DEATH P.M	. MONTH DAY	YEAR	IOW INJURY OCCU	JRRED (ENTER HATURE C	OF INJURY IN ITEM 18 P.	ART 1 OR PART 2)	7 1 72
248AE	MEDICAL	21d INJURY C		21e. PLACE C STREET, FACT	OF INJURY (AT HO FORY, FARM, ETC.)	OME. 21f. LC	STREET	CITYO	RIOWN	COUNTY	STATE
TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, WHO FOGE 4 SHOULD BE FORWARD FOR AFTER DEATH, WITH THE STAIL MARYLAND, 213		death results  ACTUAL SIGNATURE	ad fram: Natu	ge of the remains des ral causes X,	Accident ,	d on Auto	, Homicide TITLE (SPECIF	ection X, Inquisite of the control o	d manner ,	DATE SIGNED 10-	20-81
TO PAGE BALLING		TYPE OR PRIN	ION, REMOVAL	236. DATE	23c. NAME C		ADDRESSOR CREMATORY	23d. LOCATIO	DN 3	MÄŘYLAN	STATE
90/ BP		SURTAL UNERAL DIREC		10-24-81	AKBU	TUS MEM		BALTIM ATE REC'D. BY REGIS	ORE TOUR		
DHMH-17 (VR A15 ME (5)) 15M 2/80	I	NAME		721 N. MO	NROE ST.		250. 0	DCT 26 19	100	u O . M	78

		FOR It	5560 10/2 ems #18a-		M DEPARTMENT	OF HEALT			i	2	5 5	2	4
		REGISTRAR CEASED NAM	E FIRST	/81rc M	MIDDLE A	MINER'S	CERTIFICATI		KE	G. NO.	NTH DAY	YEAR	26. HOUR
EASE TOR.	(TYI	PE OR PRINT)	Milo	lred	P.	[	Barnett		OF EST	ŀ	0 5	1981	M
RY, PLEA	3. SE	emale	4 RACE White	S. DATE OF BIRT	Y YEAR LAST	BIRTHDAY) MON		DER 24 HRS. 2t 5 MIN PR	DATE ONOUNCED DEAD	MON	TH DAY	YEAR 1981	10:58
ECESSA!	-		ILIRGINIA	76 CITIZEN OF	WHAT COUNTRY?		RIED NEVER M.	ARRIED 9	BALTIMORE C	CITY OR CO	UNTY OF		u m
VY DELAY IS NECESSARY, PLEASE DIS TO THE FUNERAL DIRECTOR. UID BE FILED. SOUTH THE SOURCE SOUTH THE SOURCE.	10. C	Baltimo	OF DEATH	(IF NOT IN SUCH	OSPITAL, NURSING HEACILITY, GIVE STREET AD Secours H	HOME, OR OT	HER INSTITUTION	12a USUA	Baltime LOCCUPATION STOF WORKING HI	N (TYPE OF WO	28K 12b KI	IND OF BUS R INDUSTR	MD.
2. 21201 F ANY DEI P. AND 3 TC SHOULD BI SHOULD BI SECORDS	JSU / 30. S	AL RESIDENCE		ROTHER INSTITUTION	130. CITY OR TO	ADMISSION)	13d. INSIDE COPPEIMIT	130. STREE	T ADDRESS -	રહાહ	PICSO	A	UB
MD.:	14. F/	ATHER'S NAME	- 0.7	MIDDLE 7	3AR INTI	STT	15. MOTHER'S M		O OMIDDLE	e 7	RNP	5000	145
ALTIMOR AFTER DE SIVE PAGE SICES I AGES I AGES I AGES I	16a. V {Y	VAS DECEASE ES, NO, OR HINKNO	D EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	16b. SOCIAL SE	CURITY NO.	17 INFORMANT MARI	is W	DOD /	DRESS 1929	FRE	DERN	AUG
WITHIN 24 HOUR WITHIN 24 HOUR IN TEAN 18. AINCR ALONG WITAL NY TRANSIT PRANIT YAL HYGIENE, DAR REMOVAL.		Canditia gove ri	IMMEDIAT IMMEDIAT IS IN IT IS	DBY:  DUE TO,  (b)	ine for (a), (b), and (Fatty)  OR AS A CONSEOU	Liver ENCE OF	7					PPROXIMATE WEEN ONSET	
RECORDS, 201 V LD BE EXECUTED PENDING" IN PENDING" IN PENDING" IN PARAMEDICAL EXAM NASA BURIAL- HEALTH AND MEI CERMATION, CREWATION, C	NOI			CONTRIBUTING TO DEA	ATM BUT NOT RELATED TO T	NE TERMINAL OISEA	SE OR CONDITION GIVEN	IN PART 1 (a).					
VITAL RE SHOULD VORD "PE CHIEF N TOF HE N N TOF HE N D N TOF HE N TOF HE N D N TOF HE N D N TOF HE N TO	CERTIFICATION	190. DATE OF	OPERATION	19b. CON	DITION FOR WHICH	OPERATION V	VAS PERFORMED?					AUTOPSY?	NO 🗆
DIVISION OF VITAL RE R. THIS CERTIFICATE SHOULD NAWARDED TO THE WORD "PEI SWARDED TO THE CHIFF W R. PAGE 3 SHOULD BE USED A E STATE DEPARTMENT OF HEA DO, 21201 PRIOR TO BHILL, DO, 21201 PRIOR TO BHILL,		UNDERLYING CONTRIBUTION	NG CAUSE OF D	HOUR A	OF INJURY A.M. MONTH DAY P.M.	YEAR	IOW INJURY OCCL	JRRED (ENTER NAT	URE OF INJURY IN 1	ITEM 18 PART 1 C	OR PART 2)		
DIVISI THIS CERT WARDED PAGE 3 SI TATE DEP	MEDICAL	WHILE AT WORK	NOT WHILE AT WORK		E OF INJURY (AT HE FACTORY, FARM, ETC.)		OCATION STREET	(	CITY OR TOWN		COUNTY		STATE
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: P. AFTER DEATH, WITH THE ST		220. I certi death result ACTUAL SIGNATURE		of the remains of courses	described obove, held	Sylcide A	Hamicide TITLE (SPECIFY		Inquiry		y apinion	10/5/	81
TO MEDIC EXECUTE T PAGE 4 SI TO FUNE AFTER DEA BALTIMOR		EXAMINER'S (TYPE OR PRI		nas D. S	mith, M.D	•		I Penn		1to.,	Md.		
574549 574549	23a.B	SURI	AL /	36. DATE 10-8-8		STUIE	OR CREMATORY  CSY		TONBU	ug	COUNTY	21, STA	TE
DHMH-17 (VR A15 ME (5)) 15M 2/80	24 F	BROW	IN-THU	MPSON	F/H 1913	3 Wi Br	9078ST,	OCT 6	GISTRAR 256	REGISTRAR	'S SIGNA	URE	her



Mrs. Mary K. Proud Marvin Ave., Sykesville, MD ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 23). DATE SIGNED DIRECTOR PHYSICIAN Entombment 10/30/81 Lorraine Mausoleum Woodlawn 24 FUNERAL DIRECTOR Loring Byers Funeral Directors 8728 Liberty Rd., Randallstown, MD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

YEAR

81

IF UNDER 1 YEAR

INDUSTRY

2b. HOUR

12b. KIND OF BUSINESS OR

Federal Govt.

IF UNDER 24 HRS

20 DATE OF DEATH

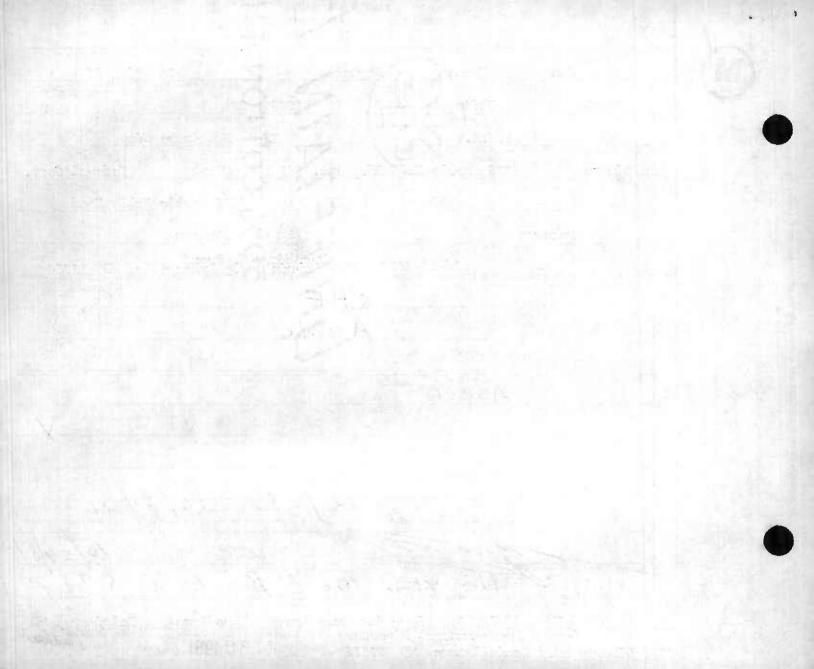
DHMH - 16 50M 1/B1 (VRA 15, 4)

- STATE

TYPE OR PRINTS

REGISTRAR

1. DECEASED NAME

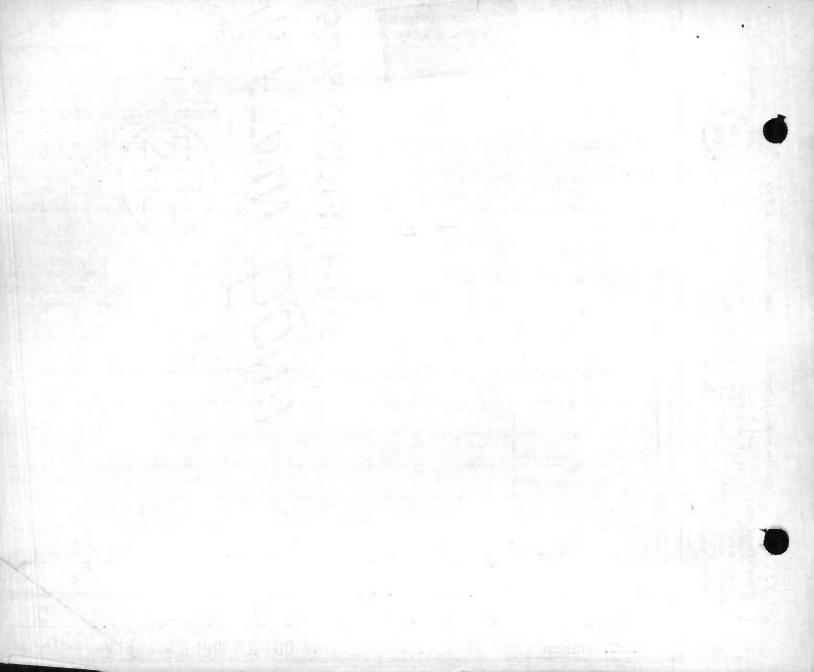


	1.	FOR STATE REGISTRAR	D	EPARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8	2 5	5 2 6
		CEASED NAME FIRST	MIDDLE	1	AST		MONTH DAY	YEAR 26 HOUR
4 00	(111	Gera	Idine	130	arry		10 10 1	1981 11 A.M
	3. SE	× F	4. RACE	5. DATE (	DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER	R I YEAR IF UNDER 24 HRS DAYS HOURS MIN.
1 1 35		IRTHPLACE (STATE OF FOREIGN D.	76. CITIZEN OF WHAT COL	A. MARRIE	NEVER MARRIED DIVORCED	P BALTIMORE CITY O	R COUNTY OF DE	<b>ATH</b>
The state of the s		Baltimore	11. NAME OF HOSPITAL, URNOTIN SUCH FACILITY, GIRLS HOMEW	NURSING HOME ( IVE STREET ADDRESS) OOD AVE.	OR OTHER INSTITUTION	12a. USUAL OCCUPATI (1YPE OF WORK FOR MOST O Housewife	F WORKING LIFE) IND	KIND OF BUSINESS OR DUSTRY
Filed in eulid the P	13a.	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDEN	ICE BEFORE ADMISSION) OR TOWN	13d INSIDE CITY LIMITS?	13. STREET ADDRESS	Omewica	d Avenue
mpletely and 2 sh	14. F	ATHER'S NAME IN Athau	MIDDLE E d	words	15. MOTHER'S MAIDEN NA	WE		LAST
re be execut cian and co ers. Pages 1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCI. E WAR OR DATES) 219	2254 17	Nauy Nice	ADDRE	onion M	le morioù l-los
NG PHYSICIAN: The low requires that the death certificate be executed within a ratending physician.  NG PHYSICIAN: The low requires that the death certificate be executed within a strending physician and completely the as the burial transit permit. Then please remove carbon papers. Pages I and 2 sheint than d Mental Hygiene prior to burial, cremation, or removal.  arked or them 18 shows any injury, or ather troumatic event, the medical examine the strength of the plans to the plans		Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.	D BY: E CAUSE (a) S POLICE  DUE TO, OR AS A CO  (b) CO PC  DUE TO, OR AS A CO  (c)	NSEQUENCE OF INOMA	of the 10	cachexia		APPROXIMATE INTERVAL BETWEEN ONSEY AND DEATH
low require ss been signification to but sony injury.	CERTIFICATION	PART 2. OTHER SIGNIFICANT O	19b. CONDITION FOR		SAME	200 AUTOPSY?	20b. IF YES, WERE	FINDINGS USED CAUSES OF DEATH?
YSICIAN: The k ding physicion. is certificate hos buriol-tronsit per Mental Hygiene		21g. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA			21c. HOW INJURY OCCUR	YES NO	YES [	NO 🗌
IG PHYSICIAN: offending physical this certifical she buriol-troin ond Mental Hyked or frem 18	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY		21f LOCATION STREET	CITY OR TO	wn co	UNITY STATE
or ATTEND he hospital or DIRECTOR: A roched for use or Dept. of Heal		27a   certify that (1) (this haspi sow the deceased alive on abave, (1) (we) (did) (did no 27b. SIGNATURE	t) view the body after death	19 <u>\$</u> 1, ar	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 1	MEDICAL STAF	ate and have and fr	that (I) (we) lost rom the causes stated
O HOSPITAL O HOSPITAL TO FUNERAL should be dei		22d PHYSICIAN'S NAME (TYPE O	R PRINT)	MD	220 ADDRESS Union	memori	0	spital
0988 1 3 S	5	BURIAL, CREMATION, REMOVAL (SPECIFY)	23b. DATE 10/10/81	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNT	
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	UNERAL DIRECTOR	Polto A	DDRESS N.C.	OCT	E REC'D. BY REGISTRA	PLANCE CARES	IG WILE

210 Common Ive. "matter book water"

. 1	FOR  STATE  REGISTRAI			EPARTMENT OF	HEALTH	AARYLAND AND MENTAL HY CERTIFICATE O	DEATH	2 5	627
	DECEASED N.	AME FIRST		WIDDLE		LAST	20. DATE KNOWN S	MONTH .	DAY YEAR 75. HOU
3. S	EX	4. RACE	S. DATE OF BIRTH MONTH DAY 12 6	YEAR 6. AGE (IN YE LAST BIRTHD 45 Y	ARS IF UN	DER 1 YR. IF UNDER 2	MIN. PRONOUNCED	MONTH	DAY YEAR 24 HOU
	MALE BIRTHPLACE FOREIGN COUNT	(STATE OR TRY)	76 CITIZEN OF WHA		8. MARRI	ED NEVER MARRIE		_	OF DEATH
10.		whofbeath	(IF NOT IN SUCH FACE	ITAL, NURSING HOMI LITY, GIVE STREET ADDRESS) Ler Avenue			120. USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)		KIND OF BUSINESS OR INDUSTRY
US1 130.	UAL RESIDEN	ICE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE			13d. INSIDE CITY LIMITS? YES 👺 NO 🗌	13, STREET ADDRESS 3719 Beehler A	venue	
	FATHER'S NA	ert	MIDDLE	Winfield		15. MOTHER'S MAIDEN FIRST Lilli	e Mae 1		rville
160	(YES, NO. OR UN	ASED EVER IN U.S. AT	RMED FORCES? 'E WAR OR DATES	16b SOCIAL SECURIT	YNO.	Wyommie Wyommie	Baskerville		Winchest
NO	gove couse lying	litions, if ony, which rise to immediate (a) stating the under couse last.	(b)	S A CONSEQUENCE  S A CONSEQUENCE  T NOT RELATED TO THE TERM	OF	OR CONDITION GIVEN IN PART	1 (q)		
CERTIFICATION	19a. DATE	OF OPERATION	196. CONDITIO	ON FOR WHICH OPER	RATION W.	AS PERFORMED?			20 AUTOPSY?
	UNDERLY CONTRIBI	RNAL CAUSE WAS ING OR UTING CAUSE OF	DEATH P.M.	MONTH DAY YEAR	R		LENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2	2)
MEDICAL	WHILE AT WORK	NOT WHILE	STREET, FACTOR	INJURY (AT HOME, RY, FARM, ETC.)	21f. LOC 51	TREET	CITY OR TOWN	COUNT	TY STATE
MEDICA	220.1 c death re ACTUAL SIGNATU	entify that I took char sulted from: A Natural Natura	STREET, FACTOR	ibed obove, held an	Autops Dicide	Homicide TITLE (SPECIFY)		nd in my opin	

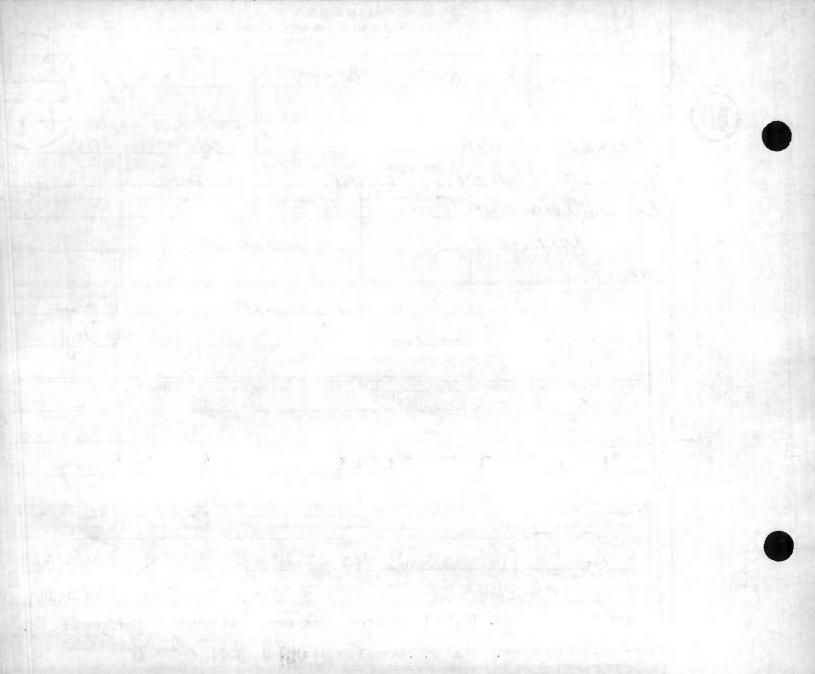
15M 2/80



	1	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MAKTLAND EALTH AND MENTAL HYO ICATE OF DEATH		2	ວັ ວ	2.
	I. DE	CEASED NAME	FIRST		MIDDLE		AST	REG. N	MONTH DAY	YEAR 7	b HOUR
9 9 4		E OR PRINT)			5			I SALE OF BEATT	10 17	81	1.13
You	1 SE		ERT	RACE	P.	BASLE 5. DATE O		6. AGE (INYEARS LAST BE	RIHDAY) IF		IF UNDER 2
						MONTE	DAY YEAR		MON		HOURS
P 900	Zn B	Male IRTHPLACE (STATE OR	FOREIGN 76	White	WHAT COUNTRY	2-	24 1903	9 BALTIMORE CITY	78 YRS	EDEATH	
death.		COUNTRY)	TOREION I			MARRIE	D BE NEVER MARRIED			PDEATH	
de de de		lary land	ATH T		ISA HOSPITAL NURSI	WIDOWE NG HOME O	DR OTHER INSTITUTION	BALTIMOF		12b. KIND OF	RUSINES
off the state of t		BALTIMORE		UNIO	CHEACILITY, GIVE STREE	AL HOS		(TYPE OF WORK FOR MOST		INDUSTRY	000
24 hou	13a.	AL RESIDENCE (IF NURS	Carro	Y	136. CITY OR TOV	VN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 2407 Coon	Club P	on d	
this is a second	14. F.	ATHER'S NAME			Mes milli	2061	15. MOTHER'S MAIDEN NA		CIUO IL	oau	
omplet ond it	1	John	MI	DDLE	Basl	OM	Julia	MIDDLE		Houck	
S Con	16a \	WAS DECEASED EVER	IN U.S. ARMI	ED FORCES?	16b SOCIAL SEC		17 INFORMANT	ADDR	ESS	HOUCK	
Poges		YES, NO OR UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	218-34-	8,150	Mrs. Hazel	Raelar Was	tmineto	n Md	
quires that the signed by the hen please rem to burial, cremitury, or other tight.	NO	gove rise to improve (a), static underlying cause	ng the lost	(c)	OR AS A CONSEOU		NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVEN	IN PART 1(0)	
he low renon.  has been permit. The permit. The permit. The permit. The permit is the permit in the permit is the permit in the	CERTIFICATION	19a DATE OF OPERA	TION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		VERE FINDING	
PHYSICIAN: TI ending physici this certificate the buriol-fronsi ad Mentol Hygi d or Item 18 sh		21g. ACCIDENT WAS UNI	CAUSE OF DEATH	'	DE INJURY .M. MONTH D .M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURE	JRY IN ITEM 18, PART	1 OR PART 2)	
PHY ending this he bund M	MEDICAL	21d INJURY OCCUR	RED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE,		211. LOCATION STREET	CITY OR TO	OWN	COUNTY	51
ortal OR ATTENDING by the hospital or att by the hospital or attended DIRECTOR: After edetoched for use as 1 State Dept, of Health or NIT: if them 21 is market		220.1 certify that (I), saw the deceos obove (ID(we) (i	this hospital	view the body	, many	8/ , at	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [	MEDICAL STA	.FF	-	
TO HOSPITAL ( retoined by the TO FUNERAL E should be detoin with the Store L IMPORTANT: If	0.5	Dr. Ap	PIER					EMORIAL	HOSPI	ITAL	
		BURIAL, CREMATION,	REMOVAL	236. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		OUNTY	ST
BP		Burial UNERAL DIRECTOR		10-20-	-or re	ister	s Cemetery	Westmin	ster Ca	arroll	Mo
DHMH-16 30M 2/80 (VRA 15, 4)		Cline Funer	ral Hom	ne, Han	appress	Md. 3	21074	201981	Early 9	anlleri	1

Carte and a second control of the second con Confidence of the continued of the continue of sites such a long, here were to be a defined but the stand of

	1	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE & REG. N	25629
eoth be		CEASED NAME FIRST ROOFPRINT) RICHA	RD NMI	BASSETT		MONTH DAY YEAR 26 HOUR 0 4 8 1 1:0/P
Page 4 may	3. SE		4 RACE	5. DATE OF BIRTH  MONTH DAY  O7  O7  O7  O7  O7  O7	6. AGE (IN YEARS LAST BIR	THDAY)  IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.
deoth, Po	LA	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	- BAITIE	OR COUNTY OF DEATH
ins ofter of the titled with	E	ALTO, CITY	X PERKITS	ING HOME OR OTHER INSTITUTION OF TO !	TE USUAL OCCUPAT (TYPE OF WORK FOR MOST OF WORK FOR WORK FOR MOST OF WORK FOR WORK FO	ION 126 KIND OF BUSINESS OR INDUSTRY
n 24 hour	130.	MARYLAND ANN	OR OTHER INSTITUTION GIVE RESIDENCE BEFO UNITY 13c CITY OR TO K ARUNTA JESSU	WN 13d. INSIDE CITY LIMITS	? 13e STREET ADDRESS	
ompletel and 2			MIDDLE LAST	15. MOTHER'S MAIDEN	NAME MIDDLE	IAST
on ond con second secon		NAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, G ) KNOW N	ARMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDR	ESS
rentiticate b ng physicia banpapers remavol. c event, the	Г		only one couse per line for (a), (b), a SED BY.  ATE CAUSE (a) Cardio	rulmonaus as	rest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e deoth cer attending move corba antan, or re traumatic e	17	Conditions, if ony, which	DUE TO, OR A CONSECU	P.		days
that the d by the ease rer ol, crem		gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEO	JENCE OF		0
signe hen p o bur	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CONTRIBUTING TO</u>	DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CON	DITION GIVEN IN PART I (a
an. has be to permit to permit to permit aws an	CERTIFICATION	190 DATE OF OPERATION	19b CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20g AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \begin{array}{c} NO \( \begin{array}{c} \end{array} \)
1YSICIAN: TH ding physicic is certificate burial-transit Mental Hygie		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR 19	URRED (ENTER NATURE OF INJU	RY IN ITEM TB. PART I ORPART 2)
G PHY ortending ortending the bu	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 EOCATION STREET	CITY OR TO	WN COUNTY STATE
Spital Spital CTOR: for us of He		saw the deceased alive a	pital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	8/ , and that in (my) (601) apin	ion death occurred on the d	4 19 8 , that (I) (we) lost one and hour and fram the causes stated
		22b SEGNATURE	Ramonda	DEGREE ATTENDING PHYSICIAN	G MEDICAL STA	FF 18/20 DATE SIGNED
HOSI ined ined old b		220. PHYSICIAN'S NAM TYPE	UNGUB AUM	22e ADDRESS	72 8N33	3ACT. MD 21201
BP	23a	BURIAL, CREMATION, REMOVAL	23b. DATE Oct. 10,198	NAME OF CEMETERY OR CREMATOR Eldorado Cemeter	RY 23d LOCATION	Dorchester Md.
DHMH - 16 50M 1/B1 (VRA 15, 4)		uneral director ramptom-Hawkins	Fun. Home P. C.	Box 43 Feder	DATE REC'D. BY REGIS	THE RECEIPTED FOR THE PROPERTY OF THE PROPERTY



884	STATE OF MARYLAND  1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 5 5 3 0  CERTIFICATE OF DEATH  REG. NO.
	DECEASED NAME OF LOTON AND PROPERTY OF DEATH MONITUD DAY O YEAR OF HOUR LOTON OF THE PROPERTY
TAN TAN	TEMPLE CONTROL DAYS NONTHS DAYS HOURS MIN.
r funeral	10 CHYOLD THE
hours after hours after be filed w	WHITE MORE CONTROL OF THE STORY
ed within 24 hours mpletely filled in by ond 2 should be filled within examiner fraug be to the filled in the fill	ASUAL RESIDENCE IF NURSUGE HE OF OTHER TEMPERATURE DESCRIPTION TOWN  Maryland DECEMBER TIME STORY OF TOWN  Baltimore 13d. INSIDE CITY LIMITS?  YES NO NAME ATVADA  15. MOTHER'S MAIDEN NAME ATVADA  TO STATE
	Harry Franklin Paul  AST  FIRST ARVADA MIDDLE  FALSE  166 WAS DECEASED EVER IN U.S. ARMED FORCES?  124902660997390.  17 INFORMANT  185 NO OR HANNOWN IN LESSES ONE WAS ORDERED.
BALTIMORE, cote be execution and copers. Pages 1 vol. 17, the medical	18 CAUSE OF DEATH  Enter only one cause per line for (a), (b), and (c).
201 W. PRESTON ST., es that the death certific ned by the ottending ph please remove carbon p unol, cremotion, or remo	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SKONIFICANT GONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)
TAL RECO	The Date of Difference of Injury   216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LORPART 2)
DING PHYSICIAN. The low required or attending physician.  After this certificate has been signed of the buriol-transit permit. Then ooth and Mental hygiene prior to be marked or them 18 shows any injury	OR CONTRIBED CAUSE OF DEATH OUR A.M. MONTH DAY YEAR (IF EITHER NOTIN DEXAMINER) P.M. 19  21d INJURY OCCURRED  AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
OR ATTENDING the hospital or a DIRECTOR: Afte bothed for use os Dept. of Health f them 21 is mark	22a. I certify that (1) (this haspital) ottended the discased from 19 that (1) (we) last saw the deceased alive on above, (1) (we) (did Rid not) the body after death.  22b. SIGNAL ## DEGREE 12c. DATE SIGNED
HOSPITAL C	ATTENDING MEDICAL STAFF (10-6-8)  PHYSICIAN DAME IN THE STORE STAFF (10-6-8)  PHYSICIAN DAME IN THE STAFF (10-6-8)  PHYSICIAN DAME IN THE STAFF (10-6-8)  PHYSICIAN DAME IN THE STAFF (10-6-8)
PP	236 BURIAL, CREMATION FEMOVAL 11 DATE 11 NAME OF CEMETERY OR CREMATORY 1286 LOCATION CITY OF COUNTY Md. Savage Methodist Cem. CITY Mt. Savage
DHMH - 16 50M 1/81 (VRA 15, 4)	1630 Edmondson Avenue, Catonsville, Md. 21228  1630 Edmondson Avenue, Catonsville, Md. 21228

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## STATE OF MARYLAND

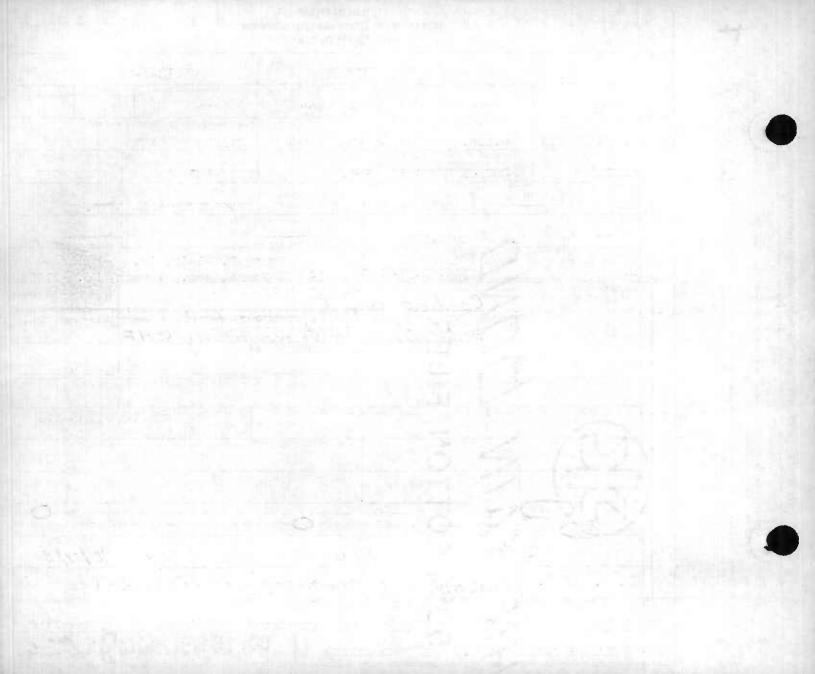
WALTER BROOKS BRADLEY INC., BALTO MD

IDECEASED NAME	1	- STATE REGISTRAR		VEFARIA	CERTII	FICATE OF DEATH		G. NO.				
SEX				MIDDLE		LAST						
FEMALE  WHITE  WAY 6, 1902  79 YRS  BALTIMORE  THE STATE ACCOUNTS OF THE STATE OF T		FLO		HARD	BAT	CHLER		10-7	-81			
REMARKE   SHITPER   WHITE	3. S	EX	4 RACE				6 AGE (IN YEARS L	IST BIRTHDAY)	MONTHS DAYS			
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BALTIMORE CITY  BALTIMORE CITY	7a. E		76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MAPPIED	9 BALTIMORE CI	TY OR COUN	TY OF DEATH			
AB CITY OR TOWN OF DEATH   11. NAME OF HOSPITIAL, NURSING HOME OR OTHER INSTITUTION   12. USUAL OCCUPATION   17. NAME OF MOSPITIAL, NURSING HOME OR OTHER INSTITUTION   12. USUAL OCCUPATION   17. NAME OF MOSPITIAL   18. OCCUPATION   13. CITY OF TOWN   14. CITY OF TOWN   13. CITY OF TOWN   14. CI	BA		U.S.	A.			DATESTACED CTEM					
136 STATE   136 COUNTY   136 CITY OF TOWN   136 INSIDE CITY LIMITS   136 STREET ADDRESS   137   138 INSIDE CITY LIMITS   136 MOTHER'S MADE   137   138 INSIDE CITY LIMITS   138 MODIE   139 MODIE   130 MODIE	J-10. C		(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)		126 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					
GEORGE E. BORCHARD  MARGUERITE STUMPTNER  166 WAS DECEASED EVER IN U.S. ARMED FORCES?  167 WAS DECEASED EVER IN U.S. ARMED FORCES?  168 WAS DECEASED EVER IN U.S. ARMED FORCES?  169 WAS DECEASED EVER IN U.S. ARMED FORCES?  169 WAS DECEASED EVER IN U.S. ARMED FORCES?  160 WAS DECEASED EVER IN U.S. ARMED FORCES.  160 WAS DECEASED U.S. ARMED FORCE	130 N	MARYLAND 136. COUR	OTHER INSTITUTION	13c. CITY OR TOW	N							
Henry D. Blair, Jr.	14. F	FIRST				FIRST	MIDDLE					
100   100				166 SOCIAL SECU	RITY NO.	17. INFORMANT	nry D. Rla	DDRESS				
B CAUSE OF DEATH LETTER ON THE FORM TO A CARDIAC ARREST    BITWELT CONSTITUTION			e war or bares,	215.03.8	845		-			2120		
OR CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING COUNTY STATE  P.M. 19  21d. INJURY OCCURRED  22d. Injury Injury Injury  22d. Injury  22d. Injury Injury  22d. Injury Injury  22d. Injury	FICATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (	(b) (b) (c) (c) (c) (c)	ONGESTIVE RAS A CONSEQUE ONTRIBUTING TO D	NCE OF	RT FAILURE	MINAL DISEASE OR	CONDITION CONDIT	GIVEN IN PART I	NGS USED		
OR CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING COUNTY STATE  P.M. 19  21d. INJURY OCCURRED  22d. Injury Injury Injury  22d. Injury  22d. Injury Injury  22d. Injury Injury  22d. Injury	ERTI	21- ACCIDENT WAS INDERLYING IT	216 TIME C	SE INTUIDY		Tal. How hallow occur				NO 🗌		
220-1 certify that (1) the period and the deceased from 197 1981, to 10-/ 1981, that (1) we just a few parts of the deceased from 197 1981, and that in (my) our opinion death accurred on the date and hour and from the causes stated 22th SCHATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN		OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH DA		ZIE HOW INJURY OCCU	KKED (ENTER NATURE O	INJURY IN ITEM 1	8 PART   OR PART 2)			
DEGREE  220. DATE SIGNED  221. DATE SIGNED  222. DATE SIGNED  223. DATE SIGNED  224. PHYSICIAN DIRECTOR PHYS	MEDI				IRM, ETC )		CITA	OR TOWN	COUNTY	STATE		
DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIR		220.1 certify that (I) this hospi saw the decision talive as above. (I well that did no	10-7 the body	e deceased from	10-7 81.		, , , , ,			that (I) (we) as		
230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE LOUGON PARK Crematory Baltimore Maryland 24. FUNERAL DIRECTOR 250. DATE REC 10. BY BE QUELLED BY BY BE QUELLED BY BY BE QUELLED BY		776 SIGNATURE	omlos		1	Y D ATTENDING PHYSICIAN	DIRECTOR PH	IYSICIAN A	10/	7/81		
Cremation 10/9/1981 Loudon Park Crematory Baltimore Maryland  24 FUNERAL DIRECTOR  250. DATE REC 10 18 NEQUEL PART 250 BY GISTRAR DEGNATURES	25					BROADWAY TOBY	ALT FMORE,	MARYEA				
24 FUNERAL DIRECTOR 250. DATEREC DANS REQUESTED SIGNATURES AND ALLERS AND ALL		(SPECIFY)	13.00	11000			CITY OR TOV		COUNTY	STATE		
			10/9/	1981   Lo	udon							
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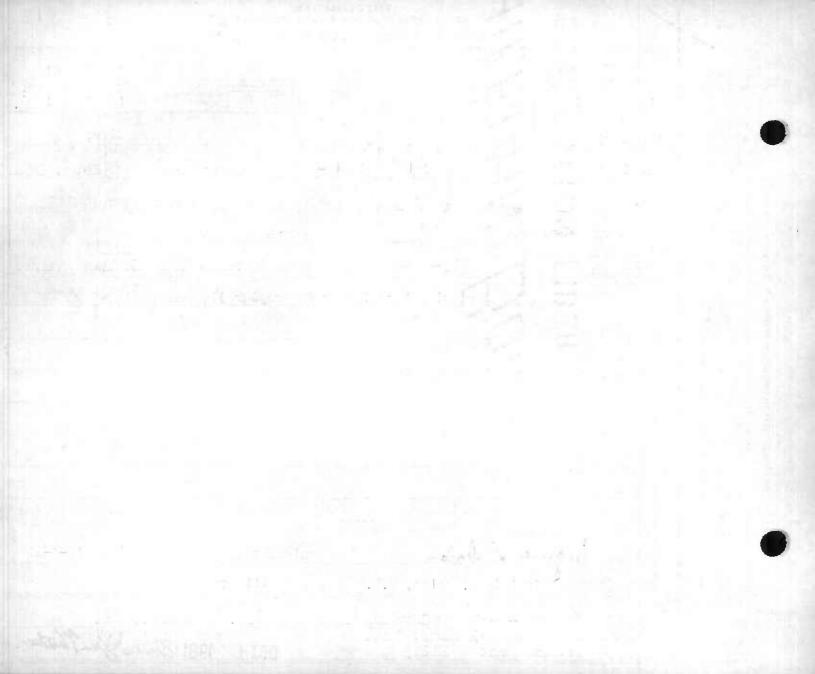
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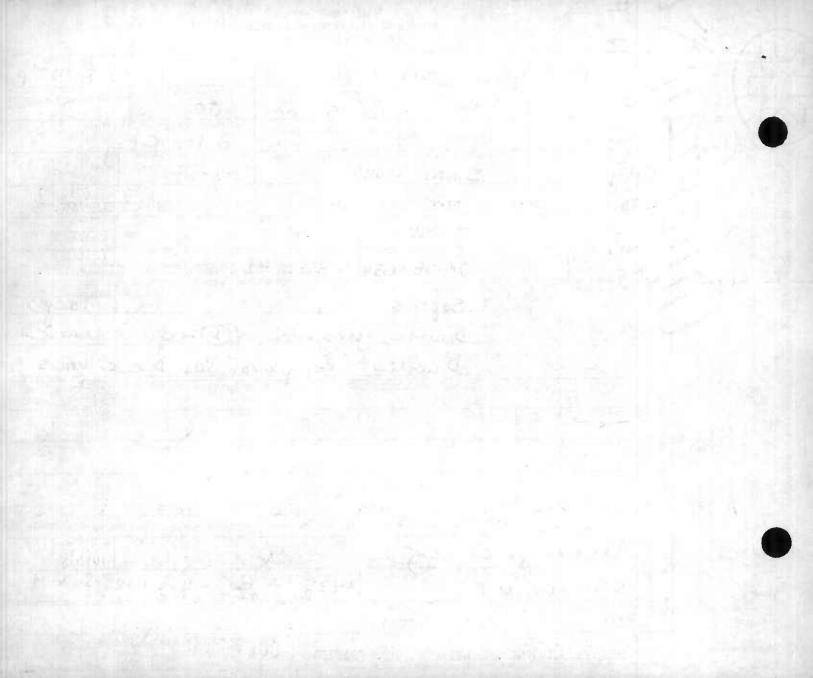


1	1	FOR STATE		DEPARTMENT OF HEALTH AND MENTAL HYGIENS 25532  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.								3 2	
	REGISTRAR  1. DECEASED NAME FIRST (TYPE OR PRINT)			MEDICAL EXAMINER'S C				AST	OF DEAT	NO.	MONTH DAY YEAR 26 HOUR		
ASE DRS.	2		Theo	dore Baum						OF ESTI- DEATH MATED		3 19 8	
RY, PLE DIRECTION DUR FILL 72 HOL	3. SEX		RACE White	5. DATE OF BIRTH	YEAR	6. AGE (IN YEA LAST BIRTHDA	Y) MONTHS	DER 1 YR. IF UNDE		r. DATE RONOUNCED DEAD	MONTH	3 <sub>19</sub> 8	5 - 54
NECESARY, PEASE MERRAL DIRECTOR. S-FOR YOUR FILES. WITHIN72 HOURS V. PRESTON STREET,	FC	RTHPLACE (STA		76. CITIZEN OF V	VHAT COUN	TRY?		D NEVER MARI	RIED L	Baltimore cit	_	TY OF DEATH	
LI LIL	10. C	TY OR TOWN O	FDEATH	11. NAME OF HO	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION (TYPE OF WORK  FOR MOST OF WORKING LIFE)							12b. KIND OF BUSINESS OR INDUSTRY Beth. Stee]	
AND 3 TRETAIN PECOLD RECORD	USU/ 13a. S			OR OTHER INSTITUTION,	SIVE RESIDENCE		N)	3d. INSIDE CITY LIMITS?	13e STREE	T ADDRESS	n Aver		
S AFTER DEATH. IF GIVE PAGES 1, 2, TITH FORM PM 3. PAGES 1 AND 2 SI INISION OF VITAL	14. F/	ATHER'S NAME PRINT	ıl Baum	MIDDLE 1ann		LAST		15. MOTHER'S MAID FIRST Marie		WIDDIE		LAST	
AFTER D SIVE PAG TH FORM AGES 1.	16a. V	VAS DECEASED ES, NO, OR UNKNOW NO	EVER IN U.S. AR	MED FORCES? WAR OR DATES)		19-320		Martha	Bauma	nn 2718	~		enue
HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH, IF ANY DELEADED PROVIDE BE EXECUTED WITHIN 24 HOURS AFTER DEATH, IF ANY DELEADED PRODUCT IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN EUSED AS A BURIAH - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE OF THE ATTH AND MENTAL HYGIENE, DIVISION OF WITAL RECORDS URALL, CREMATION, OR REMOVAL.		Canditions gave rise	IMMEDIA  IMMEDIA  If any, which ta immediate tating the under-	TE CAUSE (a) Ar	terio:		F	ardiovasc	ular D	isease		APPROXIM BETWEEN OF	ATE INTERVAL
JID BE EXECT JID BE EXECT "PENDING"	ATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to).  190. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  20 AUTOPSY?											SY?
EWORD "PE EWORD "PE HE CHIEF M ID BE USED A ARNT OF HEA O BURIAL,	CERTIFICATION	21g EXTERNAL CAUSE WAS  21g. TIME OF INJURY  HOUR A.M. MONTH DAY YEAR  21g. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART   OR PART 2)									YESXIX	NO 🗆	
RE THIS GERTIFICATE SHOULD THE WRITING THE WORD "PEI DRWARDED TO THE CHIEF M RE PACE 3 SHOULD BE USED A E STATE DEPARTMENT OF HEA DO, 21201 PRIOR TO BURRAL,	MEDICAL	21d. INJURY O	G CAUSE OF	DEATH P.		19 (AT HOME,	21f. LOC 51f	ATION		CITY OR TOWN	со	PUNTY	STATE
TO MEDICAL EXAMINER: THE EXPENDER: THE CERTIFICATE, W PAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR: PAGETER DEATH, WITH THE STATE BATTMORE, MARYLAND, 21:		22a. I certify death resulted		ge of the remains de	escribed aba Accident	-	Autapsy	Hamicide .		Inquiry, mined manner _	and in my a	pinian	
ICAL EX. STHE CEI SHOULE ERAL DIII EATH, W		ACTUAL SIGNATURE _	Vorgen	ra LS	Jolan		M.E	Assistar	nt_MEDIC	AL EXAMINER	DATE	10-4	1-81
TO MEDICAL EXECUTE THE PAGE 4 SHO FO FUNERAL AFTER DEATH SALTIMORE,	72a D	EXAMINER'S N (TYPE OR PRIN	IAME V	irginia L				DDRESS	III Pe	nn Stree	*		
3/BP	(	Burial		10-6-81					Cem.	Balto	o., Mo	d.	STATE
DHMH - 17 (VR A 15 ME (5))		UNERASOURIS	Munek	Funeral		e, Inc		25a. DATE	CT 6	EGISTRAR 256 R	REGISTRATS	SIGNATURE	then
15M 2/80										10 - 11-17			



2 76		CEASED NAME E OR PRINT)	FIRST	460	WIDDLE	2A	OME	AST .		2a. DATE OF DEA	ATH MONTH	DAY	VEAR	26 HOUR
the among	3. SE	×F	-	I. RACE Ca			5 DATE O	F BIRTH DAY	YEAR	6 AGE (IN YEARS)		IF UNDE	ER I YEAR	IF UNDER 24 HRS HOURS MIN.
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requires that the death cert een signed by the attending it. Then please remave corbon ior to burial, crematian, ar rel y injury, or ather traumatic e	MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imme couse (a), stating underlying couse  PART 2. OTHER SIGNI	ediate the lost.	DUE TO, O  (b)  DUE TO, O  (c)  DINDITIONS CO	RAS A CON DIAD RAS CON DIAD DITRIBUTION	SEQUEN BET G TO DE	ICE OF		pher THE TERMIN	The Brokenice On	CONDITION	EQUE IN I	LIGHT NO.	eeks
N: The law sysician. cate has b consit perm Hygiene pr		21a. ACCIDENT WAS UNDER		21b. TIME O	F INJURY			21¢ HOW INJURY		YES NO	IN CER	YES 🗌	CAUSES	OF DEATH?
uG PHYSICIAI attending ph tter this certific is the burial-tr h and Mental I irked ar Item I		OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	D EXAMINER)	P. 21e PLACE			19	211. LOCATION STREET			Y OR TOWN		DUNTY	STATE
TAI OR ATTENDII y the hospital or RAI DIRECTOR. A detached for use rote Dept. of Heal triff frem 21 is mo		220.1 certify that (1) (t saw the deceased above, (1) (in) (dia 22b. SIGNATURE				19 <b>8</b>	, 0110	that in (my) (our)	opinion de	medical	STAFF			
TO HOSPITAL retained by the TO FUNERAL should be det with the Stote IMPORTANT:	23a F	SCH U	42	, MJ.		122.14	WE OF CE	243 B	w	Belver	A BANG	1121-	Su.	te 14
BP		BURIAL	1	236 DATE 10-4-8				METERY OR CREM		BALTIMO	RE, MD		0	STATE
DHMH - 16 50M 1/B1 (VRA 15, 4)	60	NERAL DIRECT SOL 10 REISTERS	LEVIN	NSON & RD. BA	BROS LTIMO	RE, N	MD. (	21215)	OC DATE	PEGP. BY 150%	FRAR 13 REGI	STRAR'S	ICNAM	RECK:

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN X 20. DATE MONTH TYPE OR PRINTI ESTI-1210 81 DEATH MATED 10 HELEN BEAL 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY) YEAR 8:50 SSARY, P RAL DIREC PRONOUNCED 12 19 81 10 Jan.2,1905 76 YRS DEAD female white 9. BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Balto, Md. WIDOWED Baltimore City DIVORCED 10 CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Beautician 18. GIVE PAGES 1, 2, AND 3 IO ITS SWITH FORM PM 3. RETAIN PAG MT. PAGES 1 AND 2 SHOULD BE FII E, DIVISION OF VITAL RECORDS, 28 self-emplo Baltimore University Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21206 Baltimore 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 4508 Simms Ave-Balto, Md. YES K Md. NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE unknown Henry Borchardt 7. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS Md.21206 219-32-1392 Robert Booth, 4508 Simms Ave, Balto, 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY: ND MENTAL HYGIENE, TION, OR REMOVAL. Multiple injuries IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF AS A BURIAL - TRANSIT Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF HE 1 PRIOR TO BURIAL, YES X NO [ 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XX MONTH DAY YEAR W OR UNDERLYING 8:05 P.M. 10-12-19 8 CONTRIBUTING CAUSE OF DEATH Pedestrian struck by auto. 21L LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 38 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PF STREET, FACTORY, FARM, ETC.) STATE NOT WHILE AT WORK Balto. & 68th St Md. AT WORK Pulaski Hwv road 22e I certify that I took charge of the remains described above, held an Autopsy Accident X Suicide Undetermined monner Natural couses TITLE (SPECIFY) DATE 10-13-81 Assistant 111 Penn St. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore, Maryland STATE 10/16-81 Parkwood Cemetery Burial 250. DATE REC'O BY REGISTRAR 256 EGISTRAR'S SIGNATURE <sup>24</sup> FUNERS CHIMUNEK Funeralss Home, Inc. 3331 Brehms Lane, Baltimore, Md. 21213 **DHMH-17** (VR A15 ME (5) 15M 2/80



Ruck Towson Funeral Home, Inc. Towson, Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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FOR

STATE OF MARYLAND

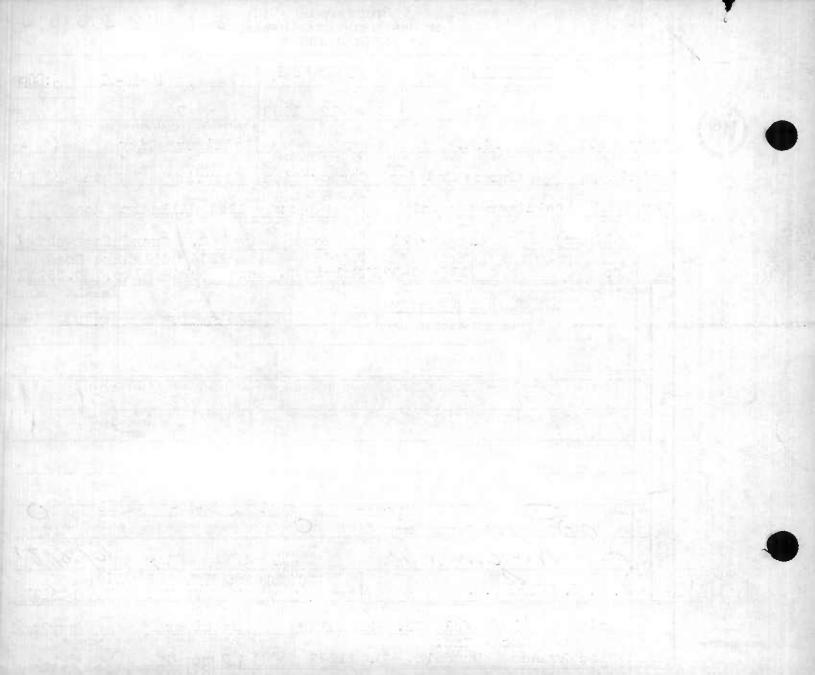
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	REGISTRAR				CERTII	FICATE OF DE	ATH	REG. 1	10.			
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3. SE	X		4. RACE		5. DATE			6 AGE (IN YEARS LAST B		IF UNDER 1 YEAR	IF UNDER	
	Male		Whi	te	8	12	1903	7	8 YRS	MONTHS DATS	HOURS	MIN.
Jo. B	IRTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY	? 8	D NEVER MA		9 BALTIMORE CITY	- 110	Y OF DEATH		
Ma	aryland		U.S.	Α.	WIDOW		RCED	Baltimor	e Ci	t.v		MD
10 C	ITY OR TOWN OF DE	ATH	NAME OF I	HOSPITAL, NURSI	NG HOME	OR OTHER INSTIT	NOITU	12a USUAL OCCUPA	TION	126. KIND O	F BUSINE	SS OR
	altimore	1	Churc	h Hospi	tal	Corpora	tion	Securit		Stand	lard	Oil
USU 13a.	AL RESIDENCE (IF NUIS	THE COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	113d. INSIDE CITY		13e STREET ADDRESS				
	ryland		imore	Dundal			OXX	1204 Hi	llshi	re Roa	ıd	
14. F/	ATHER'S NAME	Α.	AIDDLE	1241		15 MOTHER'S A						
)	Apolina			nczkows	ki	Ros		R.	Gren	dzisze	wsk	i
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC		17 INFORMAN		1204 <sup>DD</sup>	Hills	hire R	load	
	No	1		215-09	-3251	Melvin	R.Be	nczkowsk	i-Bal	to.,MD	.21	222
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	PARTI. DEATH W		E CAUSE (o)	PNEUMO	AIV				disc			
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ITIO	I 9a DATE OF OPERA	LION	Tiel CONDI	TION FOR HAUGE					- Leave or one			
CERTIFICATION	176 DATE OF OPERA	ION	196. CONDI	TION FOR WHICH	OPERATIO	IN WAS PERFORA	VED	20a AUTOPSY?	IN CERTI	S, WERE FINDIN FYING CAUSES	OF DEAT	H?
ERT	21a. ACCIDENT WAS UNE	DERLYING [	21b TIME O	F IN ILIRY	-	121r HOW IN III	PY OCCUPE	YES NO NO ED (ENTER NATURE OF IN)		ES []	NO [	
	OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.	M. MONTH D		111111111111111111111111111111111111111	NI OCCORR	LD (ENIER NATURE OF IN)	URT IN HEM 18	PART   OR PART 2)		
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	22a I certify that (I)	-	Nottended the	deceased from	09-08	3-	10 81	10-16	_	81	.h., 111	
	sow the decease obove, (1) (wg) (				0.4		opinion d	leath occurred on the	date and hou	ur and from the	couses str	eted
	22b. SIGNATURE	id (did not	view the body	ofter death.		DEGREE				22c DATE		
	A 12	-/V	non	win.		ATT	ENDING	MEDICAL STA		101	161	81
	22d PHYSICIAN'S NA	AME (TYPE OR				22e. ADDRESS	Y STAND	HOSPITAL		DATION		
	DR. A. F	. NAZ	EMI M.D			100 N					212	21
23a. E	BURIAL, CREMATION,		123b. DATE	234	NAME OF C	EMETERY OR CRE	MATORY	123d LOCATION	UKE, I	MARYLAND	414	.31
	Buria]		10/20			anislau		Baltimo	oro	COUNTY		TATE
24 FI			Ruck	Inc ADDRESS		diretal		REC'D. BY REGISTRAL			ary] URE	Land
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DHMH - 16 50M 1/B1 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be file with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

DHMH - 16 50M 1/81 (VRA 15, 4)

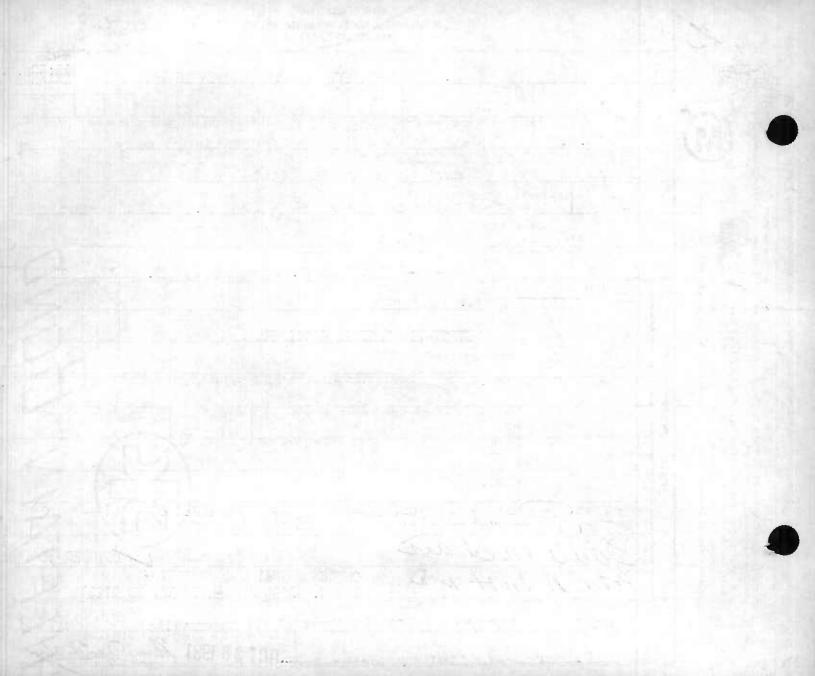
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4 may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR	DEPAR		HEALTH AND MENTAL HYG	REG. N	Ca Ca	3 0	4 0		
	ECEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONIH DAY	YEAR	26. HOUR		
3. SI	ALICE	S.		NNETT	OCTOBER 26			11:30Bwu		
3. 3	female	black	MONT	DE BIRTH DAY YEAR 2 25 1919	6. AGE (IN YEARS LAST BII	MON	UNDER I YEAR	HOURS MIN.		
76)8	BIRTHPLACE   STATE ORFOREIGN N.C.	76 CITIZEN OF WHAT COUNTRY  USA	? 8. MARRIE WIDOWE	D E GEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O				
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME (	OR OTHER INSTITUTION	Baltimor 12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION		F BUSINESS OR		
	Itimore JAL RESIDENCE LIE NURSING HOME OF	Church Ch	Home	and Hospita	1					
130.	Md 136 COUR		WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 249 N. D	allas	Stre	et		
IL F	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME		LAS			
1	Joe	Dav:		Sarah			_	vis		
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDR	ESS				
	No		-5558	John J. Be	nnett 249	S. Da	llas	St		
	18 CAUSE OF DEATH (Enter on	nly ane couse per line for (a), (b), a						MATE INTERVAL ONSET AND DEATH		
	PART I. DEATH WAS CAUSE									
	1519	DUE TO, OR AS A CONSEQU								
	gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF									
	underlying cause lost.									
Z	PART 2 OTHER SIGNIFICANT	DITION GIVEN	IN PART 10	,						
CERTIFICATION	196. DATE OF OPERATION	196 CONDITION FOR WHICH	20c AUTOPSY?	20b. IF YES, W	ERE FINDIN	4GS USED				
l ii					YES NO	YES [		NO 🗆		
_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF MILL	RY IN ITEM 18 PART	1 ORPART 2)			
CAL	(IF EITHER NOTIFY MEDICAL EXAMINER	710	19							
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	EADA ETC.	21f LOCATION STREET	CITY OF TO	)WN	COUNTY	STATE		
Ž	AT WORK NOT WHILE	AN HOME, STREET, PACTORY, OFFICE,	FARM EIL ]	3,000	CIII OR IC		200.111	JIMIL		
	220.1 certify that (I) this hospi	ital) attended the deceased from	CTORF	R 5 19-81	- to OCTOBER	26 19	81	that (I) (we) last		
	sow the deceased alive an	UCTOBER 26 11) view the body after death.	ar, ar	nd that in (my) aur opinian o	death occurred an the d	ate and havr ar				
	22b/SIGNATURE	it) view the body after death.		DEGREE			22c. DATE			
	( )stre (1.	Hood aus	)	ATTENDING	MEDICAL STA	FF Th	TOR	ER 26 198		
	22d. PHYSICIAN'S NAME (TYPE O	OR PRINT) /			DIRECTOR PHYSIC		фСТОВЕ	1 20 130		
19	Peter A	HOLY M.L		CHURCH HOSPI			01007			
224	BURIAL, CREMATION, REMOVAL	Tank DATE Los	NAME OF T		VAY BALTIMO	KE, MD	2   23			
	(SPECIFY)			EMETERY OR CREMATORY	CITY OF TOWN		OUNTY	STATE		
74 F	Burial UNERAL DIRECTOR	10/31/81	westv1	ew Memorial P			215 61011: 7	Md		
	NAME	ADDRESS			T 2 8 1981	DIGISTRAI	(3 SIGNAT	2.78		
MI	illiam C. Mar	ch F/H 1101 F	No	cth Ave 00	T 28 1981	- I want	1	ALCOHOL:		



## STATE OF MARYLAND

	1.	FOR STATE	DEP		ALTH AND MENTAL HY	GIENE O	lin	2 0	
		REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO	).		
		CEASED NAME FIRST	WIODIE	LA	ST	2a. DATE OF DEATH	MONTH OA	LY YEAR	26. HOUR
	(TYPE	OR PRINT)	DEN	NETT		0	57 5	5/90/	1.20 A
3	. SEX		4 RACE	5. DATE O	FBIRTH	6. AGE (IN YEARS LAST BIRT	HOAY)	F UNDER I YEAR	IF UNDER 24 HRS
	1	Cemalo.	Cali	MONTH	A 1 - 1910	(2)		DNTHS DAYS	HOURS MIN.
7	n 816	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	TPV2 8	2/-1/18	9. BALTIMORE CITY OF	YRS.	DE DE ATH	
7	C	OUNTRY)	1.00	MARRIED	NEVER MARRIED	. BALTIMORE CITT OF	COOKITE	N DEATH	
-		Wi	U1 3117	WIDOWE		BALTIMORE		т	MD.
al	0 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S		R OTHER INSTITUTION	12a USUAL OCCUPATION			F BUSINESS OR
T	BA	LTIMORE	UNION MEMORIA	L HOSPIT	CAL	Homema	Ker		
		AL RESIDENCE (IF NURSING HOME OF		BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	2 ,	1 1	01
51	n	Aruland	130	115.	YES NO T	13071	nTri	dre. K	S.
1	4 FA	THER'S NAME	01	701	15. MOTHER'S MAIDEN NA			1/4	
M		FIRST	MIDDLE RILD. E		185I	Ø. MIODLE	(1)	8.60	
$\frac{\sim}{1}$	An W	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO.	7. INFORMANT	ADDRE.	SS		
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=		//0	1203	0-6613	II)CS JEANE	111/7 COWAN	16 90	NOHD	UPIEKA
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b	o), and (c).)	61-0	40 ==	-	BETWEEN	MATE INTERVAL
		IMMEDIA	TE CAUSE (a) Corem	ome	mouth	with meta	Man's	5	mo,
		1457	DUE TO, OR AS A CONS	FQUENCE OF				To the	
-17		Conditions, if ony, which	(b)						
		gove rise to immediate couse (a), stating the		EQUENCE OF					1/2/1/18
		underlying cause last.	DUE TO, OR AS A CONS	EQUENCEOF				The same	
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT BELATED TO THE TERM	MINAL DISEASE OF COND	ITION GIVE	N IN PART 110	
	z	TAKE 2 OTTER SIGINFREALT	None	TO DEATH BOTT	TO RELATED TO THE TERM	WINAL DISEASE OR COINE	IIION GIVE	THE PART TO	
-	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	I WAS PEDEODMED	20a AUTOPSY?	206 JE YES	WERE FINDIN	GSTISED
11	5	- Pr. 1001	0	012	1		IN CERTIFY	ING CAUSES	OF DEATH?
×	E	July 1981	Concer	of the	mouth	YES NO	YES		NO 🗆
		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		DAY YEAR	THE HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	r IN ITEM 18 PAR	IT 1 OR PART 2)	
/	3	(IF EITHER, NOTIFY MEDICAL EXAMINE		19					
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	dies di Divisioni	211. LOCATION STREET	CITY OR YOU	٧N	COUNTY	STATE
	٤	AT WORK NOT WHILE	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	JIREET				
		220. I certify that (I) (this hosp	ital) ottended the deceased In	om_ 9- E	19.87	to 10 -	5-1	9.8/	that (I) (we) last
-1		sow the deceased alive on	10-5-81		d that in (my) (our) opinion	death occurred an the do	te and hour		
-1		abave, (I) (we) (did) (did no	at) view the body alter death.		EGREE			22c DATE S	SIGNED
		TO MOSO	10.110.0	1 4	ATTENDING	MEDICAL STAF	F/	10	C 01
_		20.00	MININA	H	D, PHYSICIAN	DIRECTOR PHYSIC	AND	10	3-81
11		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS				
		SERGIO ANZIS	I M.D.	1	UNION MEMO	DRIAL HOOPITA	AL.	1	
2	30 B	URIAL, CREMATION, REMOVAL		DUNAME DE S		734 LOCATION			. 1.
	1	Burial	10-9-81	MIHI	IDURN COM	, Weston		COUNTY 7	ndi
1	4 51	NIEDAL DIDECTOR	70,	111111	CVIVII LIVE	THE RESERVE THE RESERVE OF	III. DE OICE	and the same of the	704

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DHMH-16 30M 2/80 (VRA 15, 4)

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1	FOR - STATE		DEPARTA	MENT OF H	IEALTH AND MENTAL HYG	IENE Ö I	25042
1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	
	DECEASED NAME	FIRST	WIDDIE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
		FRANKLIN	EARL	BE	RRETT	10	15 81 12N M
3.	SEX	4_RACE		5 DATE C		& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
L	Male		White	MONTE	7 06	75 YRS	MONTHS DATE HOURS MIN.
30	BIRTHPLACE (STATE OR F	OREIGN 76. CITIZEN	OF WHAT COUNTRY?	8	[2]	9 BALTIMORE CITY OR COUNT	Y OF DEATH
	Maryla	nd .	U.S.A.	WIDOWE	D NEVER MARRIED DIVORCED	Baltimore Ci	+ + + ·
10	CITY OR TOWN OF DEA	TH 11. NAME	OF HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	1110.
	Baltimore	(IF NOT )	. Agnes Hos	ADDRESS)		TYPE OF WORK FOR MOST OF WORKING LI	
	SUAL RESIDENCE (IF NURS					Engineer	Gas & Electric
13	o. STATE Maryland	Baltimor	13c. CITY OR TOW	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	
-	FATHER'S NAME	Dallimor	e Arbutu	S	YES NO X	1235 Circle Dri	ve 21227
1	FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE	LAST
L	William		Berrett		Catherin		Fuchs
160	WAS DECEASED EVER	IN U.S. ARMED FORCE	ESI		17 INFORMANT	ADDRES:G1en	Burnie, Md.
	NO OR UNKNOWN		212-05-	7359	Violet Berre	tt 7917 Glengary	Court 21061
Г	18 CAUSE OF DEAT	H (Enter only one cous	per line for (0), (b), and	d (c).i	Δ		APPROXIMATE INTERVAL BETWEEN ONSE AND DEATH
Н	PART I. DEATH W	AS CAUSED BY:	telada da	tie u	indestherence les	Carcinoma	Several mos.
Н	1991				10		
	Conditions, if ony,		O, OR AS A CONSEQUE	NCE OF			
	gove rise to imn	nediote	)				
	couse (o), statin underlying cause		D, OR AS A CONSEQUE	NCE OF			
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Z	PART 2 OTHER SIGN	NIFICANT CONDITION	IS CONTRIBUTING TO L	DE ATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION GIV	VEN IN PART I I I
1 5	19a DATE OF OPERAT	ION TINE	ONDITION FOR WHICH	00504710	NAME DE DE DE DE DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTI	Too witoneys Took is ve	C AVERE EN LONDO
CEPTIFICATION	DATE OF OPERAT	190. CC	DNDITION FOR WHICH	OPERATIO	N WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
1 2							S NO
		hand 1100114	AE OF INJURY R. A.M. MONTH DA	Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
FDICAL	(IF EITHER NOTIFY MEDIC	CAL EXAMINER)	P.M.	19			
AF.			ACE OF INJURY	APM FIC	211. LOCATION	CITY OR TOWN	COUNTY STATE
1	WHILE NOT WH	H.E.					
	220.1 certify that (1)	(this hospital) attende		.10	111 , 19 81		19 6 1, that (I) (we) lost
	sow the decease	ed olive on 1		<b>8</b> . or	nd that in (my) (our) opinion (	death occurred on the date and hou	or and from the couses stated
	226 SIGNATURE	0 10	2 A		DEGREE		22c DATE SIGNED
	100	Jeffrey (	Chem	M	D ATTENDING PHYSICIAN F	MEDICAL STAFF DIRECTOR PHYSICIAN	10/15/81
1	22d. PHYSICIAN'S NA	ME THE STATE OF			22e ADDRESS	DIRECTOR   PHISICIAN	
		Vether	Abraus		91	Laves Horontal	
L_		1-11-			1/	1	

231 NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/B1 (VRA 15, 4)

Balto., Md. 21227
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

10/19/81

236 DATE

230 BURIAL, CREMATION, REMOVAL

Buria1

23d LOCATION CITY OR TOWN Woodlawn Lorraine Park Cemetery

Baltimore

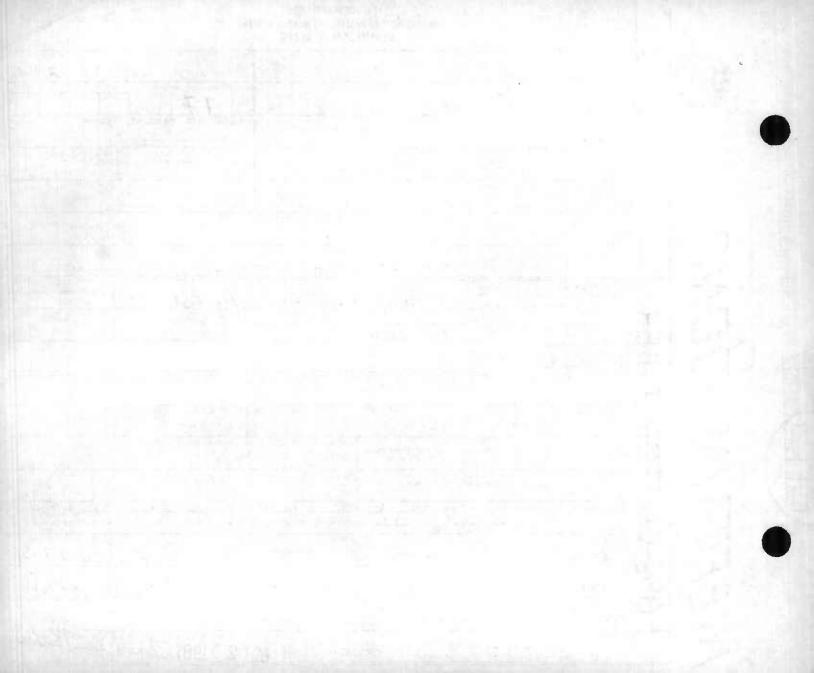
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## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. . DECEASED NAME 20 DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT) TAVIA 8 SEX 4. RACE IF UNDER 1 YEAR 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH DAY YEAR DAYS 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? COUNTRY) MARRIED NEVER MARRIED USA N.C. WIDOWED DIVORCED Baltimore\_city 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY To Tal Baltimore Baltimore City Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md Baltimore YES NO 810 Cedar Avenue 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIODLE FIRST William Bell Bettv Reed ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 213-12-6773 810 Cedar Avenue Essex Md Clara Hill APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE carbo ö OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse iol, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 20b. IF YES, WERE FINDINGS USED 9n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? ā IN CERTIFYING CAUSES OF DEATH? and Mental Hygiene NO NO [ YES [ 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY marked ar AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 22a. I certify that (1) (this hospital) attended the deceased from sow the deceased alive an\_ and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death old be detached the State Dept. 226. SIGNATURE DEGREE 22c, DATE SIGNED -ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23h DATE CITY OR TOWN COUNTY STATE (SPECIFY) Burial Holly Hill Memorial Essex 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR

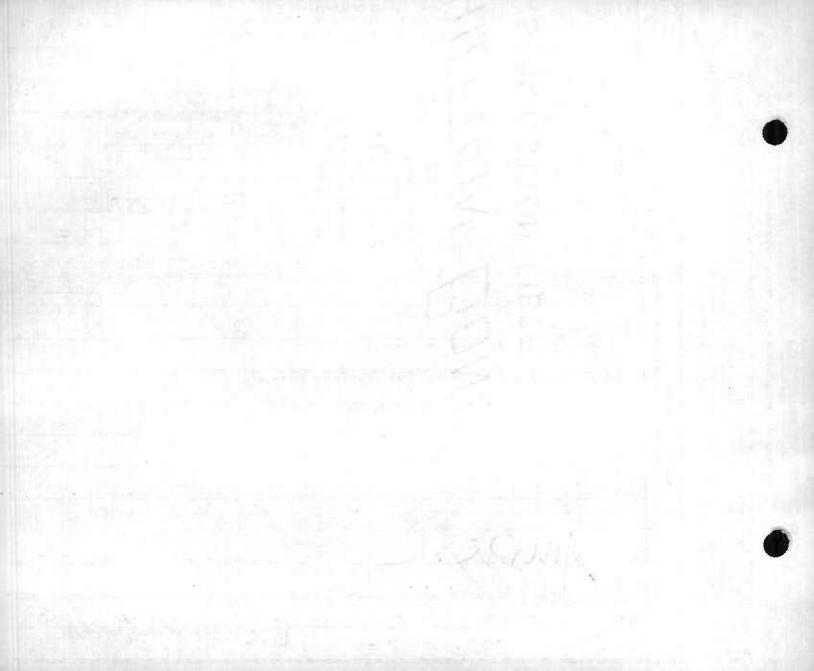
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William C. March F/H 1101 E. North Avenue

DHMH - 16 50M 1/76 (VR A 15 (4))



	FOR STATE REGIS				DEPARTMENT	OF HEALT			- P	REG. NO.	2 5	6 4	4
7	1. DECEASE		FIRST		WIDDLE	1 - 1 - 1 - 1	LAST		2a. DATE KI		HINOM	DAY YEAR	26 HOUR
2 4 5 5 5 F	(TIPE OR PR	INI	VERNI	CE	A.		BETHEA		OF DEATH A	AATED	10	19 10 8	1 M
RY, PLEA DIRECTO DOR FILE 72 HOU DN STREE	3. SEX fema	ale r	nearo	DATE OF BIRT	1H YEAR 6. AĞİ 4 1964 16	BIRTHDAY) MON		JNDER 24 HR	S. 2c. DATE PRONOUNC DEAD	ED	MONTH 10	19 <sub>19</sub> 8	R 24 HOUR
NECESSARY, PLEASE UNFRAL DIRECTOR. FOR TOUR FILES. WITHIN 72 HOURS PRESTON STREET.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)			USA    Note									
AY IS THE P PILED 201 V	Bal	town of D	9	Sinai						PE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY			
AAN AN	13a STATE	Md	13b. COUN		13c. CITY OR TO Baltimo		13d. INSIDE CITY LI	MITS? 13e S	treet addres 728 Rei	sters	town	Road	
ORE, MD. 21201 DEATH. IF ANY DEL GES 1, 2, AND 3 TO RM PM. 3, RETAIN F A AND 2 SHOULD BE OF VITAL RECORDS,	Vern	RST		L.	Bethea	(II)	15 MOTHER'S Arden	e	ME			Dotson	
BALTIMORI URS AFTER DE 8. GIVE PAGE WITH FORM WITH FORM DIVISION OF	16a. WAS D (YES, NO.	ECEASED EVI OR UNKNOWN)		MED FORCES? WAR OR DATES)	16b. SOCIAL SE N/A	CURITY NO.	Vernie		thea 37	ADDRESS 28 Re:	ister	stown	Road
W. PRESTON ST., BALTIMORE, MD.  WITHIN 24 HOURS AFTER DEATH. IF FENCIL IN ITEM 18. GIVE PAGES 1, 2, MANNER ALLONG WITH FORM PM 3.  "TRANIT FERMIT PAGES I AND 2.8; ENTAL HYGIENE, DIVISION OF VITAL OR REMOVAL.	18 C	AUSE OF DE ART I DEATH	WAS CAUSED	D BY: TE CAUSE (o)	Multiple OR AS A CONSEQUE	injur	ies		9-			APPROXIMA BETWEEN ON	ATE INTERVAL SET AND DEATH
CORDS, 201 BE EXECUTED BIDING" IN PROBLEM THE AND ME THE AND ME THE AND ME	PART	Conditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last.</u> PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1.								-			
F VITAL RECO	CERTIFICATION 13 19 19 19 19 19 19 19 19 19 19 19 19 19	OATE OF OPE	RATION	196 CON	DITION FOR WHICH	OPERATION V	WAS PERFORMED	)?				20 AUTOPS	
SION OF RTIFICATE WG THE WO TO THE SHOULD B SHOULD B PARTMEN	NON 21d. I	NJURY OCCU	OR CAUSE OF D	DEATH 4 PLAC	OF INJURY  MXX XAONTH DAY  M. 10-19-  E OF INJURY (AT HO  FACTORY, FARM, ETC.)	YEAR 19 81	Pedestri DCATION STREET			auto.	ART 1 OR PAR	N 2)	STATE
KAMINER: THE KETIFICATE, W BETIFICATE, W MITH THE STAT ARYLAND 272	VORK AT	at I taak charg	rk Heigh  psy  , Ins  Hamicide  TITLE (SPEC	spection Unc	Inquiry [  determined man	LL Ave	e.,Ba	10-2	city, Md.				
TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOU TO FUNET SHOUL AFTER DEATH, V. BALTIMORE, M.	23a.BURIAL		Ar I, ŘÉMOVAL Z	nn M. Di		OF CEMETERY (	ADDRESSOR CREMATORY	111 Pe	nn St.		COUN	NTY	STATE
DHMH-17 (VR A15 ME (5))	24. FUNER	urial ALDIRECTOR am C. 1		10/24/8: F/H 1101	1 Dotsor		te Cemet		len ly rightrar		rpie	on !	Md



William C. March F/H 1101 E. North Avenue

STATE OF MARYLAND

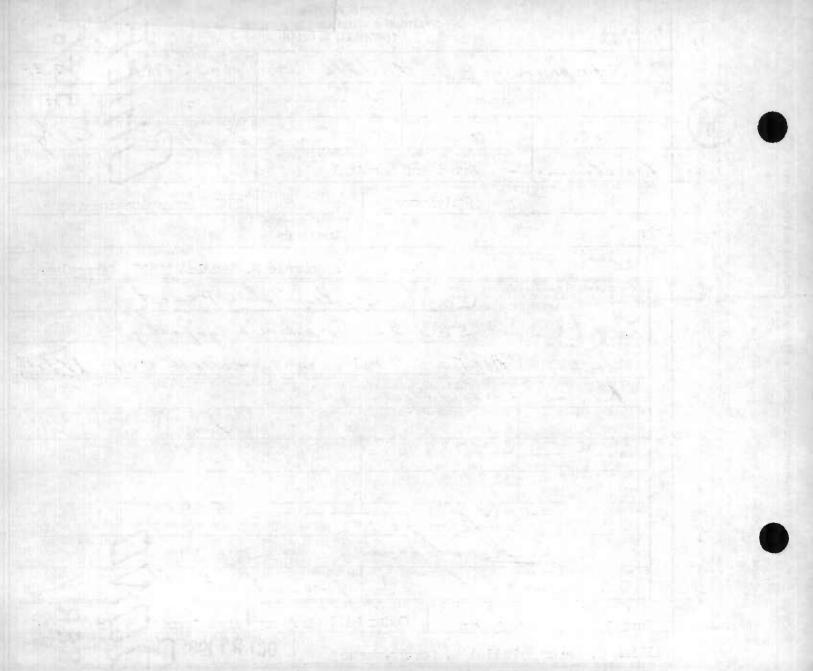
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Carres

FOR

- STATE

(VRA 15 (4))



DIVISION OF VITAL RECORDS.

STATE OF MARYLAND

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PLEAN STREET	Male	4. RACE Black	5. DATE OF BIRTH	YEAR 6. AGE (IN Y	EARS IF UND	DER 1 YR. IF UN	DER 24 HRS. 2	C DATE RONOUNCED DEAD	MONTH	- ' ' ' -	2 thou
	BIRTHPLACE FOREIGN COUNT	(RY)	76. CITIZEN OF WE	HAT COUNTRY?	8. MARRIE	D NEVER MA	ARRIED E	Baltimore C	more C		MI
A SERVICE SERV	CITY OR TOV	MOTE MOTE	(IF NOT IN SUCH FA	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (FOR MOST OF WORKING LIFE) (TYPE OF WORK 12 A 1 Lendale Street							BUSINESS STRY
들으를 USI	SUAL RESIDEN STATE Md	13b COUN		list. CITY OR TOWN Baltimore		134. INSIDE CITY LIMIT YES E NO	13e. STRE	et ADDRESS 03 Alle	endale	Raod	
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NOISING 160	I. WAS DECEA (YES, NO, OR UN NO		MED FORCES? WAR OR DATES)	16b. SOCIAL SECURI	IY NO.	Sebenni Serbenni Serbenn	a Clar		Alleno	dale Roa	d
20253			(c)	DUE TO, OR AS A CONSEQUENCE OF							
Q   9	190. DATE	OF OPERATION	19b. CONDI	TION FOR WHICH OPE	RATION WA	AS PERFORMED?				20 AUTOPS	
		RNAL CAUSE WAS ING OR UTING CAUSE OF		MONTH DAY YEA	R 21c. HO	W INJURY OCCU	IRRED (ENTER N.	ATURE OF INJURY IN IT	TEM 18 PART 1 OR	PART 2)	
T STORY	CONTRIB  21d. INJUI  WHILE  AT WORK	RY OCCURRED  NOT WHILE [ AT WORK		OF INJURY (AT HOME, TORY, FARM, ETC.)	21f. LOC	ATION		CITY OR TOWN		COUNTY	STATE
EST D, 2	220. 1 c	certify that I took char	ge of the remoins des	cribed above, held on	Autaps	Hamicide		Inquiry ,	and in my	opinion	
TO FUNERAL DIRECTOR: PAG AFTER DEATH, WITH THE STAT BATTMORE, MARYLAND, 212	ACTUAL SIGNATU		ua LA	No.D. M.D.	M.I	Assista	ntMEDI	calexaminer on Stree		TE 10-	-4-81

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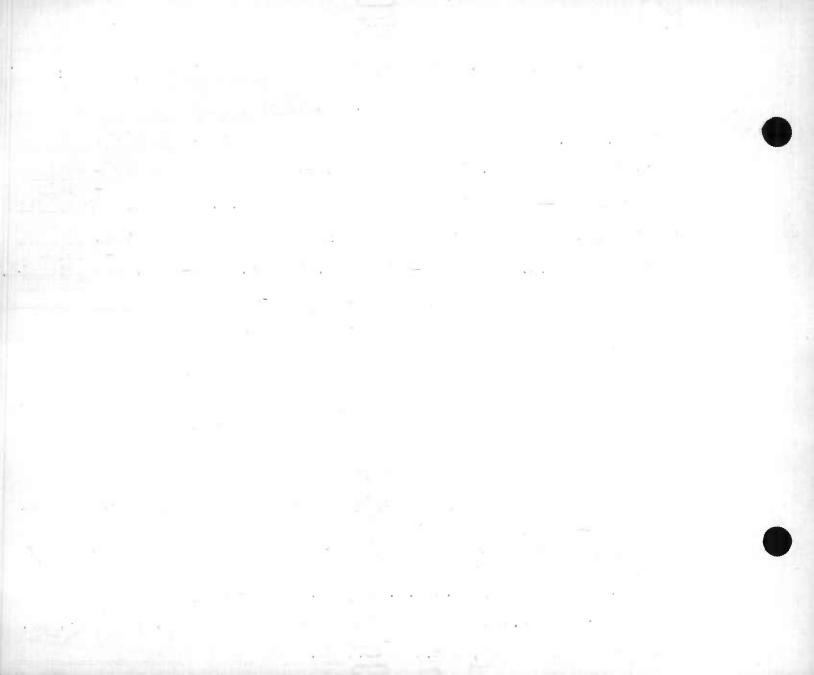
Inc., Balto.,

(VRA 15, 4) 7/78

Henry

Sander & Sons.

STATE OF MARYLAND



	STATE OF MARYLA
FOR STATE	DEPARTMENT OF HEALTH AND A

MENTAL HYGIENE

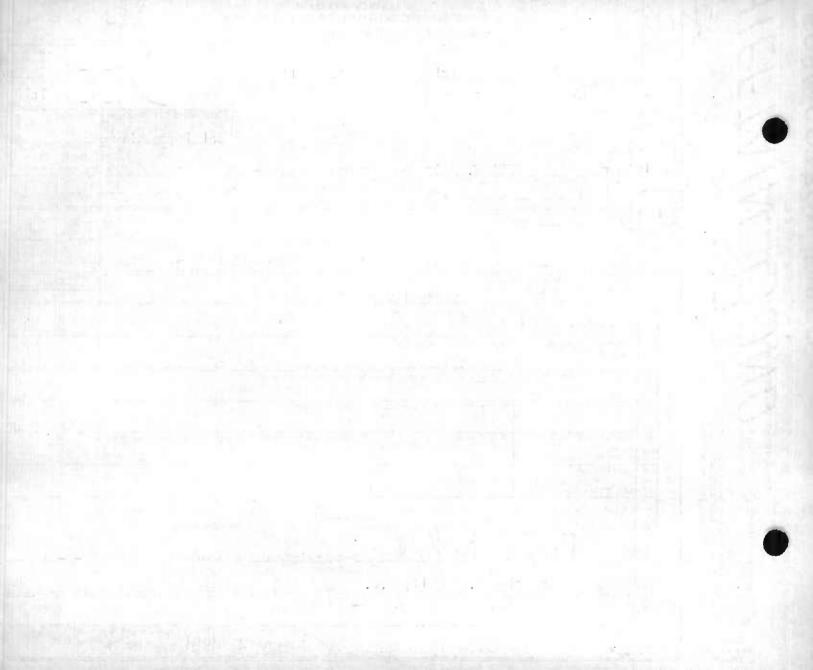
					REG. NO.		
	CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR	26. HOUR
	JAMES	C.	BLAC	CKMON	OCTOBER 7,19	981	11:35A
3 SE		4 RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
	male	black	MONT	26 1939	42	MONTHS DAYS	HOURS MIN.
70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH	
	S. C.	USA	WIDOWS	37	BALTIMORE	CITY	MD
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL			120 USUAL OCCUPATION		F BUSINESS OR
Ba]	ltimore	JOHNS HO		OSPITAL	(TYPE OF WORK FOR MOST OF WORKIP	NG LIFE) INDUSTRY	
13a	AL RESIDENCE (IF NURSING HOME OF		OR TOWN	13d. INSIDE CITY LIMITS?	Ma CIRCET ADDRESS		
	Md		imore	YES MO	1433 Kitmore	Road	
14. FA	ATHER'S NAME FIRST	WIDDLE		15. MOTHER'S MAIDEN NA	AME		
	Curtis	Bla	ackmon	Bernice	McGriff	Blackmon	n n
	WAS DECEASED EVER IN U.S. AR	E MAR OR CLASS	IAL SECURITY NO.	17 INFORMANT	ADDRESS		
	YES, NO OR THENOWN) (IF YES, GIV	216-	-36-4222	Mary F. Blac	kmon 2105 E. No	orth Aven	ue
	18 CAUSE OF DEATH Enter on	nly one cause per line for to	), (b), and icial		1	APPROX	MAYE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSE	TE CAUSE (a)	povic E	ncenhalopal	hy	20	aus
	4300	DUE TO, OR AS A CO	NISEQUENCE OF	11			1
	Conditions, if any, which	( th)	barachu	oid temor	rrhand	120	days
	gave rise to immediate cause (a), stating the	DUE TO OD AS A CO	NISE OUT NISE OF				
	underlying cause last	DUE TO, OR AS A QC	u our ter	SION		2	Mears
	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUT			AINAL DISEASE OR CONDITION	GIVEN IN PART 11	1
ON							
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		YES, WERE FINDIN	
T					YES NOT	RTIFYING CAUSES	OF DEATH?
CER	210. ACCIDENT WAS UNDERLYING		ITH DAY VEID	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM		
AL	OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR				
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	1	211 LOCATION			
E	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORS	Y, OFFICE, FARM, ETC )	STREET	CITY OR TOWN	COUNTY	STATE
	22a.) certify that (1) (this hospi	tal) attended the decease	d from	15 10 81	10 10 17	10 81	that (1) (we) lost
	sow the deceased alive an		19 01	na that in (my) (aur) apınian	death occurred on the date and	6/ 1	
	above, (1) (we) (did) (did no 22b SIGNATURE	view the bady offer deaf	n	DEGREE		22c DATE	
	111.6	· Illidei	M	T ATTENDING	MEDICAL STAFF	101-	7/81
	224 PHYSICIAN'S NAME (TYPE O	PR PRINT)	- 10 (	22e ADDRESS	DIRECTOR PHYSICIAN	1101	1101
	MILEN	G Mine:		600 11 W	alfo Bolt	MD 7	1205
3a E	BURIAL, CREMATION, REMOVAL	23b. DATE	1231 NAME OF C	EMETERY OR CREMATORY	123d LOCATION	1110 2	(
	Burial	10/12/81		awn Cemetery	CITY OR TOWN	COUNTY	STATE
24 FL	UNERAL DIRECTOR	+0/12/01	MOCCITS		Balto TE REC'D. BY REGISTRAR 256 REC	CO	Md
	1144m C March	E/U 1101 E	Michaelh Asse		T 0 4004 7	JULIAN SPISIVAL	TheThere

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR Willfam C. March F/H 1101 E. North Avenue

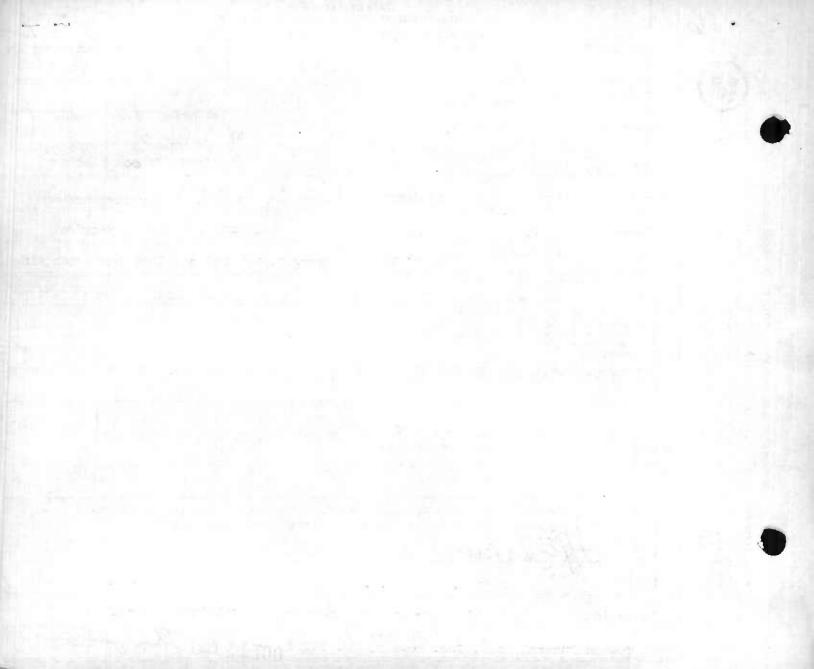
CH. The tree of the control of the c

1. DE			~ ~ ~
	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
(111	CEASED NAME FIRST		ONTH DAY YEAR 26
		OF ESTI-	10-31-81
3. SEX		5. DATE OF BIRTH 6. AGE (IN YEARS I IF UNDER 1 YR. LIF UNDER 24 HRS 26. DATE MOI	NTH DAY YEAR 20
m	nale black	THE TATE OF THE PROPERTY OF TH	10-31-81
	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED W NEVER MARRIED 9 BALTIMORE CITY OR CO	
	N.C.	USA   WIDOWED   DIVORCED   Baltimore Ci-	<del>1</del> · /
10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  [IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS]  12. USUAL OCCUPATION (TYPE OF WI	ORK 125 KIND OF BUSINE OR INDUSTRY
_ B	altimore	2558 W. Fairmount Avenue	
	AL RESIDENCE (IF IN NURSING HOME TATE 1136, COUR	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS	
	Md	Baltimore YESX NO 2558 W. Fairm	ount Avenue
	ATHER'S NAME	e MIDDLE Blackwell IS. MOTHER'S MAIDEN NAME DOTAST MIDDLE	Do1200 1457
	nnië Ma		Daughty
16a. V	VAS DECEASED EVER IN U.S. AF	E WAR OR DATES)	G1 1
	No -	242-62-9978 Ida Blackwell 2244 W. Balto	Street
	18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	nly ane cause per line for (a), (b), and (c).)	APPROXIMATE INTE
		ATE CAUSE (o) Fatty liver	
	57/8	DUE TO, OR AS A CONSEQUENCE OF	
-	Canditions, if any, which gave rise to immediate		
	cause (a) stating the <u>under</u> lying cause last.		
	Tyling coose lost.	(c)	
	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	H-HP-TH-ST
CERTIFICATION	Carried Control		
3	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
1			YES N
	21a. EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1	OR PART 2)
MEDICAL	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M. 19	
VEDI	214 INJURY OCCURRED WHILE D NOT WHILE	216. PLACE OF INJURY (ATHOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.)  21f. LOCATION  STREET, FACTORY, FARM, ETC.)	COUNTY
1	AT WORK AT WORK		
	22a. I certify that I taak char	ge of the remains described above, held an Autapsy 💢 Inspection 🗌, Inquiry 🔲, and in m	ny apinian
		prol causes XX Accident . Suicide . Hamicide . Undetermined manner .	
		TITLE (SPECIFY)	
	ACTUAL	VIO TO VIV	ATE IGNED 11-1-81
	ESIGNATURE OF CLUB	MID ASSISTANT MEDICAL EXAMINER SI	CIAED
	SIGNATURE		
		garita A. Korell, M.D. ADDRESS 111 Penn Street	
73a.B	EXAMINER'S NAME Mai	23b DATE 23c NAME OF CEMETERY OR CREMATORY 236 LOCATION	COUNTY
23a.B	EXAMINER'S NAME Mai		COUNTY MOSTATE

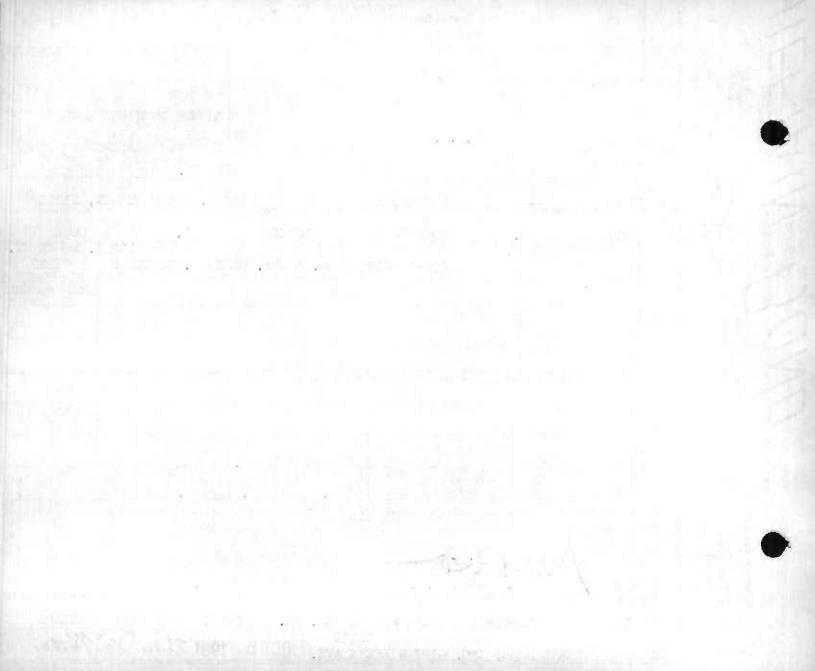


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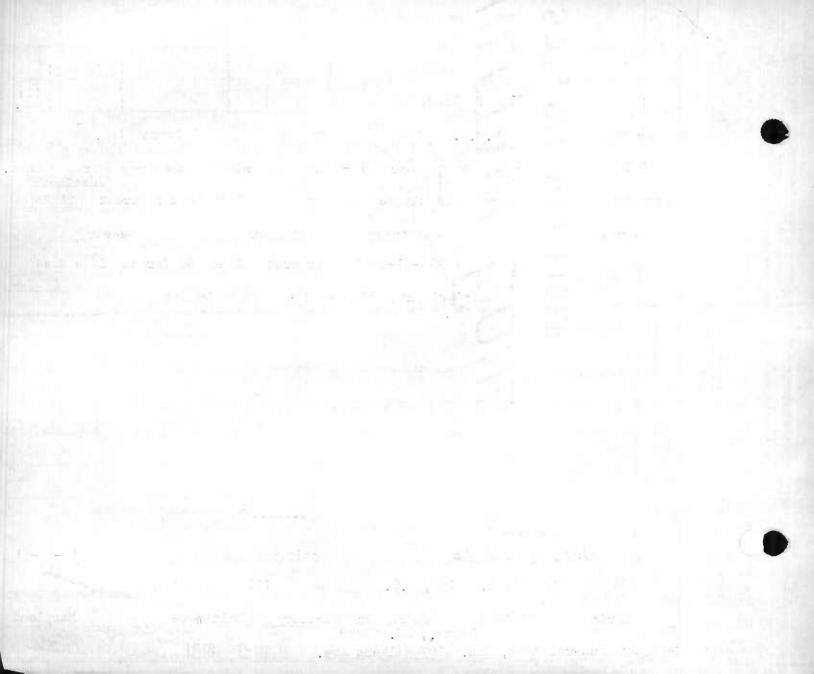
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME OF ESTINA (TYPE OR PRINT) Bledsoe Dorothy W. 10.81 DEATH MATED 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 2c. DATE 2d. HOUR female white YEAR LAST BIRTHDAY PRONOUNCED Sept. 1, 1902 79 10981 6:09P 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mary Land U. B. A. WIDOWED [ DIVORCED Baltimore City M. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
106 W. University Parkway Retired School Teacher Baltimore 30. STATE 136 COUNTY Baltimore 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland City 106 W. University Parkway YES XX NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Morrison UNKNOWN Webster R. Harry 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO ADDRESS Barry G. M. Bledsoe, 2709 Pemberton Ridge 214-24-7915 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 01 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NO XX 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BAÇŢIMORE, MARYLAND, 21201 P AT WORK AT WATER STREET, FACTORY, FARM ETC I CITY OR TOWN COUNTY 22a I certify that I taok charge of the remains described above, held an Autopsy Inspection Undetermined manner DATE 10/11/81 SIGNATURE, 111Penn Street, Balto., MD 21201 EXAMINER'S NAME Hormez R. Guard, M.D. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore, Maryland STATE Cremation 10-13-81 Loudon Park Crematory 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 EGISTRAR'S SIGNATURE-1050 York Rd. **DHMH-17** Ruck Towson Funeral Home, Inc. Towson, Md. 21204 (VR A15 ME (5)) 15M 2/80



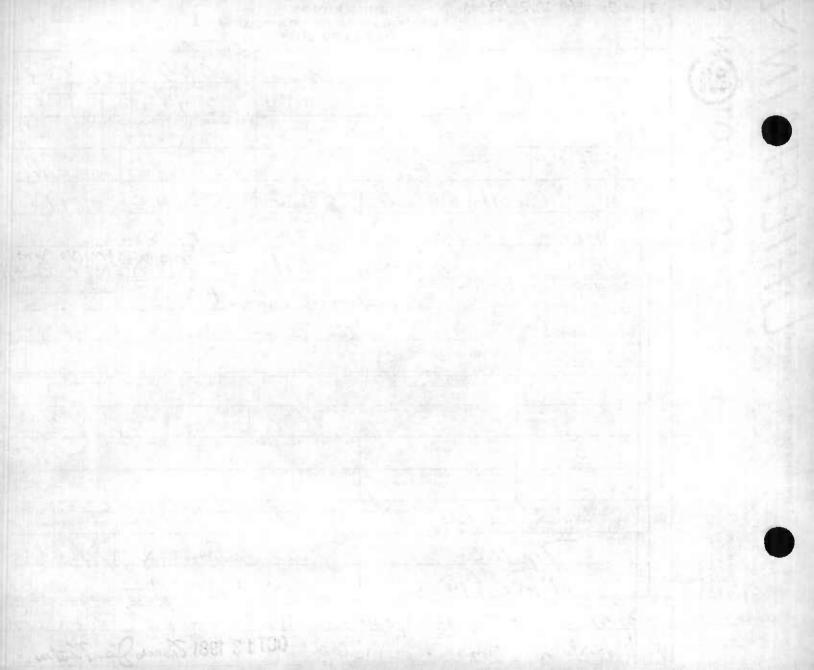
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10		STATE REGISTRAR				EXAMIN					-	REG.	Brein .		-	
V	I. DE	CEASED NAME	FIRST		MIDDLE			LAST			2a. DATE	KNOWN		H DAY	YEAR	7b. HOUR
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品数を長ろく	FC	REIGN COUNTRY)				IK1:			VER MARR	IED L			_		DEATH	
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¥ + 00004	14. F/	ATHER'S NAME		MIDDLE				15 MOTH	ER'S MAIDE	EN NAME		-IDDIE				
ON WAREN		OLLIE		L.	BOA	RDMAN			OUISE			A .		C	COOK	
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REATTIMORE REATTIMORE REATTIMORE REATTIMORE REATTIMORE WITH FORM P	1	NO.	(IF YES, GIVE	WAR OR DATES	212	-36-61	97	MR.	& MRS	. OLI	IE L	. BOA	RDMAN	1	212	23
, S. S. O		18. CAUSE OF	DEATH (Enter on	ly ane cause per line	for (a), (b	, and (c).)								A	PPROXIMATE WEEN ONSET	INTERVAL
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MIN MIN OR E		cause (o) s	to immediate toting the under-	DUE TO, OR	AS A CON	ISEQUENCE C	OF.									
ZO IN PORTED NAME ON,		lying couse	e last.	(4)												
S CRTIFICATE SHOULD BE EXECUTED WITHIN 24 HO. RITING THE WORD "PENDING" IN PENCIL IN ITEM REDED TO THE CHIEF MEDICAL EXAMINER ALONG 23 3 SHOULD BE USED AS A BURIAL - IRANSIT PERMIT E DEPARTMENT OF HEALTH AND MENTAL HYGIENE OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.	, z	PART 2 OTHER SIGN	NIFICANT CONDITIONS	CONTRIBUTING TO GEATH	BUT NOT RELA	TEO TO THE TERM	INAL OISEASE	OR CONDITIO	N GIVEN IN PA	RT 1 a						
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CERTIFICATE SHOULD STRING THE WORD "PER RED TO THE CHIEF W RE 3 SHOULD BE USED A E DEPARTMENT OF HEA OI PRIOR TO BURL I	2	196 DATE OF OPERATION 196. CONDITI				ION FOR WHICH OPERATION WAS PERFORMED?							H	EAD (	DNLY	
NI SOUTH THE SECOND TH	<b>₩</b>	21a EXTERNAL	CALISEWAS	21b. TIME OF	INITIDY		Tal. NO	MAZ INTO IDM	OCCURRE	P					YES KJ	ио Ц
A HE WATER		UNDERLYING	X OR	HOUR A	MONTH	DAY YEAR	216 110	W INJURT	OCCURRE	D SENIEKY	ATURE OF IN	IJURY IN ITEM	IB PART I OR	'ART 2)		
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DIVISION OF V  DIVISION OF V  TICATE, WRITING THE WE  FORWARDED TO THE  TOR: PAGE 3 SHOULD BI  THE STATE DEPARTMEN  AND, 21201 PRIOR TO BI  (A)		AT WORK	AT WORK	× s	teps				ount S	St	Balto	٥				Md.
ATE. ORV JR. P		22a I certify	that I took charg	e of the remains des	cribed abo	ve, held on	HE AL Autops	) Shr	Inspection	n .	Inquiry		and in my	opinion		
A SER SER		deoth resulted	d from: Natur	rol couses .	Accident	, Sui	icide X	Hamie	cide .	Undete	ermined m	onner [	],			
XX ERT FID B WIT ARI		1 1 5 4 1	1			_		TITLE (S	PECIFY)							
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MEDICAL CUTE THE SE 4 SHO FUNERAL TIMORE,	-		1/1//	JUN V	20			M n					0.0.			
<b>A</b> 5 9 8 5 8 5 8	4	EXAMINER'S N (TYPE OR PRIN	T) An	n M. Dixo	n, M.	U.		ADDRESS_	111	Penn	St.					
DIVI  TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDER TO FUNERAL DIRECTOR: PAGE 3 AFIRE DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	23a. B	URIAL, CREMATI	ION, REMOVAL	3b. DATE	23c. I	NAME OF CEA			ORY	23d. LO	CATION			YTAUC		ATE
1 A - 3 BP		BURIAL		10-05-81	M	EADOWR 1	IDGE 1	MEM.	PK.		KRIDG	E HO	WARD		RYLAN	
1903	24. F	UNERAL DIRECT	OR	ADDRESS.	101111		2122		25a. DATE			AR 25b. RE	GIST R'S	SIGNA	HP5	
DHMH - 17 (VR A15 ME (5))	F		FUNERAL			O7 WILK			OCT	5	1981	ren	en-U	Can-	buthe	
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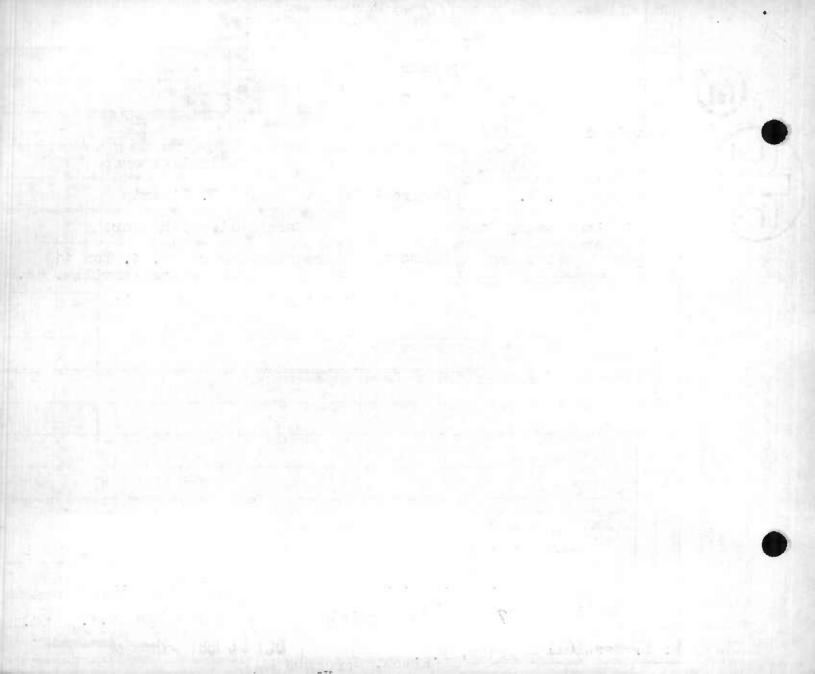
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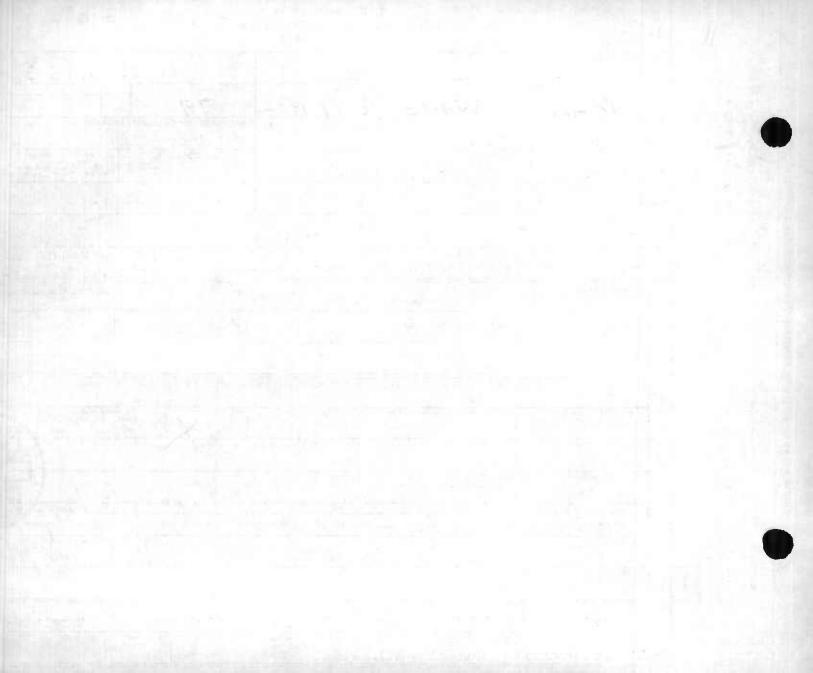


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0	n/	/	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	. HYGIENE PREG. N	2 3 0 3	•
	defe			CEASED NAME FIP	MIDDLE	LAST		MONTH DAY YEAR 26 HO	UR
	y be	1		GARY	/ E.	BOLLING	EP 10	0 8 8/ 3	PM
	4 moy	1	3 SE		RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER LYEAR IF UNDE	ER 24 HRS
	Pogo.	1 -11	1 0	· m		2 14 5	4 27	YRS.	
	death. P	15		PA	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		R COUNTY OF DEATH	MD.
	by the filed with	38		SALT	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET.	ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		
AND 21	filled in rould be	3	13 <sub>0</sub> S	TATE TO THE COON	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY 13c.CITY OR JOW Westm	N . 113d INSIDE CITY LIMIT	13e. STREET ADDRESS	Arters Mill Rd	,
MARYL	mpletely and 2 st	Comine	14. FA	THER'S NAME FIRST  Vernon	Bollinee	15. MOTHER'S MAIDE	N NAME MIDDLE	UMRING LAST	
IMORE,	n and co	2		AS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU WAR OR DATES) 161-40		FC 5094	ARTERS MIL	I=RI
201 W. PRESTON ST.	s that the death certifed by the attending please remove carbong rial, cremation, or rem	or other traumatic eve		PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last.	E CAUSE (b)  DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	NCE OF	er		
RECORDS, 2	en signi	rinjury.	TION		Onditions <u>Contributing to E</u>		TERMINAL DISEASE OR CON	DITION GIVEN IN PART 110	
	The low ion. e hos be at permit	Jowe Gu	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO	ATH?
I OF VIT	IYSICIAN: TI ding physicals is certificate burial-transif Mentol Hygi	18 S		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DA	YEAR 19	CCURRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)	
DIVISION OF VITAL	1 5 5	rked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F)	21f. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
	R ATTENDIR hospital ar RECTOR: A ned for use opt. of Healt	SI 12 II		22a I certify that (I) (this hospital sow the deceased alive on above, (I) (we) (did) (did not)	4.4 //:	, and that in (my) (our) op	inion death occurred on the de	, 19 , that (I) (	
	0 4 0 00	E	H	22b. SIGNATURE	luce	DE GREE ATTENDIN PHYSICIA	NG MEDICAL STAF	IAN 10/8/8	/
	TO HOSPITAL of retained by the TO FUNERAL Is should be deto with the State I.	MPOKIAN		22d. PHYSICIAN'S NAME (TYPEOR	KK CAROL	22e ADDRESS	D HOSPIT		
	오	≥	230 E	URIAL, CREMATION, REMOVAL BURIAL	T . 1 - 1		n CITY OR TOWN	RDHI COUNTY	STATE
0.1	HMH - 16 50M 1/1	91		INERAL DIRECTOR	, ,	BARTHOLOMA	PATE REC'D. BY REGISTRAR	256 REGISTAAR'S SIGNATURE	
U	(VRA 15, 4)	01	TK	TAME LETTER	34 Mala MADDRESS V	mer ann	10113 1981 2	2000 To 717-1	111

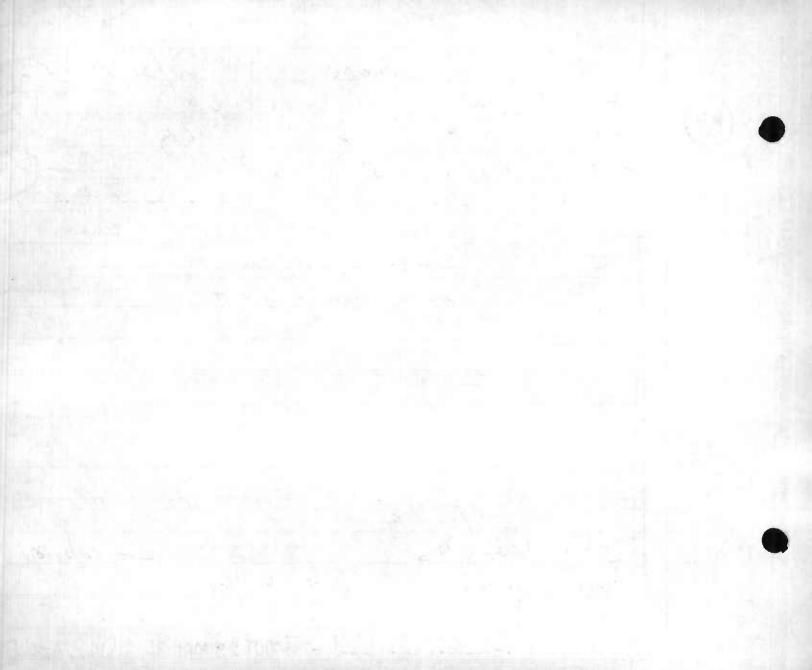


3. SEX  4. RACE  black  12  13  52  14  15  15  15  15  16  15  16  16  16  17  17  17  18  18  18  18  18  18  18	U - SPUTTONA		CEASED NAME FIRST		DICAL EXAMIN MDOLE Spencer		LAST		B. DATE KNOW	1-		
A BRITHACKE IMMINES   A CHIERRO OF WHAT COUNTRY   MARRIED   NEVER MARRIED   Baltimore City   Baltimore Cit	(M)		4. RACE	5 DATE OF BIRTH	TA AGE UN YEA	ARS IF LIN	DER 1 YR. IF UN		C DATE	MONT	H DAY Y	AR 2d. HOL
10 CUT OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   170 of work   170. KIND OF BUSINESS OR INDUSTRY   1	PRES PER S	Za. B	RTHPLACE (STATE OR	76. CITIZEN OF WH		8 MARRI		ARRIED X	BALTIMORE (		JNTY OF DEATH	am
WILLIAM HENTY BONDS  WILLIAM H	BE FILED,	В	altimore /	Universi	ty Hospita:	1	er institution	Gen	AL OCCUPATIO	abore Jabore	RK 12b. KIND ÖF OR INDI	BUSINESS
WILLIAM HENTY BONDS  WILLIAM WAS DECEASED EVER IN U. S. ARMED FORCES?  WILLIAM HENTY BONDS  WILLIAM HENTY BONDS  WILLIAM WAS DECEASED EVER IN U. S. ARMED FORCES?  WILLIAM WAS DECEASED EVER IN U. S. ARMED FORCES.  WILLIAM WAS DECEASED EVER IN U. S. ARMED FORCES.  WILLIAM WAS DECEASED EVER IN U. S. ARMED FORCES.  WILLIAM WAS DECEASED EVER IN U. S. ARMED FORCES.  WAS DECEASED EVER IN U. S. ARMED FORCES.  WAS DECEASED EVER IN U. S. ARMED	SHOULD RECORL	130. S	Maryland Maryland	DR OTHER INSTITUTION, GIV	FRESIDENCE BEFORE AOMISSIC	Llle	YES TO NO					
THE CAUSE OF DEATH (Enter andly one cause per line for (a), (b), and (c).  PART 10 EATH (Enter andly one cause per line for (a), (b), and (c).  PART 10 EATH (Enter andly one cause per line for (a), (b), and (c).  PART 10 EATH (Enter andly one cause per line for (a), (b), and (c).  PART 10 EATH (Enter andly one cause per line for (a), (b), and (c).  PART 10 EATH (Enter andly one cause per line for (a), (b), and (c).  PART 10 EATH (Enter andly one cause per line for (a), (b), and (c).  PART 10 EATH (ENTER (a), and an all an all and all and all and all an all and	170		William He		15			ah Eli			rch LAST	
IL CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)   PART I DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)	Noisin Z	160. V	VAS DECEASED EVER IN U.S. ARI			Y NO.	Fredri	ck Bor		t. 1,		19 Ma
THE CONDITION FOR WHICH OPERATION WAS PERFORMED?    198 DATE OF OPERATION   198 CONDITION FOR WHICH OPERATION WAS PERFORMED?   198 DATE OF OPERATION   198 DATE OF INJURY IN ITEM 18 PART 1 OR PART 2)   198 DATE OF OPERATION   198 DATE OF OPERATION   198 DATE OPERATION	EALTH AND MENTY CREMATION, OR 1	TION	cause (a) stating the <u>under-lying cause</u> lost.  PART 2 OTHER SIGNIFICANT CONDITIONS	(c)	UT NOT RELATED TO THE TERMI	INAL OISEASE						
UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19  21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK  22e I certify that I took charge of the remains described abave, held on death resulted fram: Natural courses Accident Signature  ACTUAL SIGNATURE  EXAMINER'S NAME Hormez R. Guard, M.D.  ADDRESS 111 PennStreet, Balto., MD 21201,	BE USED NT OF HI BURIAL	ERTIFICA	In Advanced	1					ATTIBE OF BURLOW IN	ITEM 18 DART 1 OR	YES	
220 I certify that I took charge of the remains described above, held on Autopsy XX Inspection . Inquiry . and in my opinion death resulted fram. Notward causes X, Accident . Suicide . Homicide . Undetermined monner .  ACTUAL SIGNATURE . DATE SIGNED . ASSISTANT . MEDICAL EXAMINER . SIGNED . ADDRESS . 111 PennStreet, Balto., MD 21201,			UNDERLYING OR CONTRIBUTING CAUSE OF E	HOUR A.M. DEATH P.M. 21e PLACE O	MONTH DAY YEAR		ATION	JARED (EMERIC	TORE OF HOOK! AN	TIEM TO FART TO		STATE
EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS 111 PennStreet, Balto., MD 21201,	ATE DEPARTME	MEDI	214 INJURY OCCURRED WHILE NOT WHILE C AT WORK	STREET, FACTO	DRY, FARM, ETC.)	S	REET		CITY OR TOWN		COUNTY	
	RAL DIRECTOR: PAGE 3 SHOULD ATH, WITH THE STATE DEPARTME RE, MARYLAND, 21201 PRICR TO	MEDIN	WHILE AT WORK AT WORK  220 I certify that I took charg death resulted fram. Notw	e of the remains desc	ory, FARM, ETC.)	Autaps	y K. Insp Homicide	], <sub>Undetei</sub> Y) stant	Inquiry ,	ond in my	7 opinion	0/81





DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) Ellen 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR MONTH DAVE HC) IBS O BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH DIVORCED [ 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR -City Hospita Pre GEWORK FOR MOS VORK FOR MOST OF WORKING LIFE Bakery DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 136 COUNTY Baltimore 13d INSIDE CITY LIMITS? 522 N. Kenwood Ave. 21205 Maryland YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Keadran Edward Johnson Marv 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 14h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-09-3642 Helen Boone Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per lightfor (a), (b), and ic PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause la stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 prior 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? bei NOL YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 ö 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on and that in (my) (our) opinion death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did not/view the bady after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAND ORTANT 22d PHYSTCIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Unes 230, BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Baltimore, Md. STATE New Cathedral Schimunek Funeral Home Inc 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 Brehms La.-Balto.. Md. 21213-18990 (VR A 15 (4))



IMPORTANT: If Item 21 is marked at Item 18 shows any injury, or other troumotic event, the

DHMH-16 50M 1/Bt (VRA 15, 4)

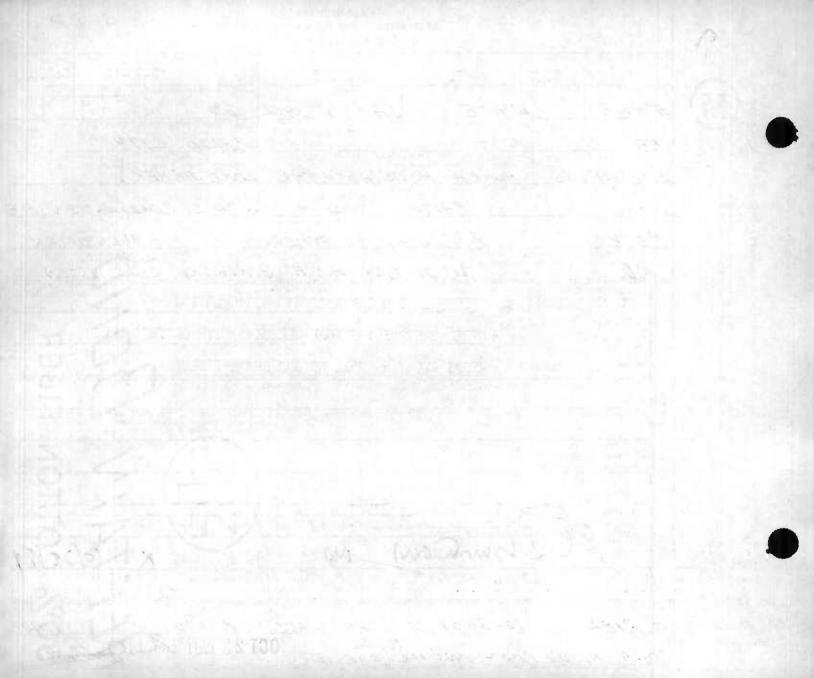
FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5

	REGISTRAR				CERTIF	ICATE OF DEA	TH	REG. N	0.		
	ECEASED NAME	FIRST		WIOOFE		AST		20. DATE OF DEATH	MONTH	OAY YEAR	26 HOUR
		MILT		F.		DROWSKI			10-2	0-81	6:45pm <sub>M</sub>
3 SE	X		4 RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST BIR	THOAY	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
1.	PALE		WHIT	5	JAN		912	69	YRS.	JA13	MIN.
	COUNTRY)	R FOREIGN	76 CITIZEN OF	WHAT COU	NTRY? 8.	D NEVER MAR		9. BALTIMORE CITY C	R COUNT	Y OF DEATH	
12	20.		USA		WIDOWE			BALTO,	01:	74	MD.
10 0	ALTIMO	RE		H FACILITY, GIVE	URSING HOME OF ESTREET ADDRESS)	OR OTHER INSTITU	TION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	DE WORKING	IFE) INDUSTRY	F BUSINESS OR
130	AL RESIDENCE (IF NUI STATE	13b COUN	OTHER INSTITUTION ITY	BAL	E BEFORE ADMISSION)	13d INSIDE CITY YES NO		13e. STREET ADDRESS	-2	41067	ON AVE
A. F.	ATHER'S NAME FIRST		MIDDLE	BORDE	12 SH1	15. MOTHER'S MA		MIDDLE MIDDLE		PIETRIN	VIAK
16a \	WAS DECEASED EVE		MED FORCES? E WAR OR DATES)	166 SOCIAL	SECURITY NO.	17 INFORMANT	9 0	POWSKI	a de	34 5,	
-	100.			0000	11-3427	NTDAVACCI	II AD	TOWSKI	00	LLING	
	18 CAUSE OF DEA PART I. DEATH V	TH (Enter on WAS CAUSE)	ly one couse per DBY:	line for (o), (	(b), and (c).)	MERAVASCO	AR C	OAGULATION		BETWEEN	MATE INTERVAL ONSET AND DEATH
	1-211	MMEDIAT	E CAUSE (o)	7133EM	INATED X	MANNANARE	an C	OAGULATION			
	00/7	-	DUE TO, O	RAS A CON	SEQUENCE OF	ECTINAL D	DI EEDI	NG WITH GA	CTDIC	LICED	
	Conditions, if any gave rise to im	nmediate	(p)	FER GI	HOTKUTI	ESTINAL E	PLLLDI	NG WITH GA	21111	OLULIN	
	couse (a), state				SEQUENCE OF	CATLUDE A	AND DE	NAL FAILUR	Г		
			107								
N O	PART 2 OTHER SIG	INIFICANT	ONDITIONS <u>CC</u>	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO	THE TERMIN	VAL DISEASE OR CON	DITION GI	VEN IN PART 10	1
CERTIFICATION	190 DATE OF OPERA	196 DATE OF OPERATION 196 CONDIT			VHICH OPERATIO	ED	200. AUTOPSY? 206. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF YES YES				
CER	21a ACCIDENT WAS UN	_	21b. TIME O			21c. HOW INJUR	Y OCCURRE	D (ENTER NATURE OF INJU			
	OR CONTRIBUTING		****		H DAY YEAR						
MEDICAL	21d INJURY OCCUR		21e. PLACE	OF INJURY		211 LOCATION					
ž	WHILE NOT W	/HILE D	( AT HOME, STR	EET, FACTORY, C	OFFICE, FARM, ETC )	STREET		CITY OR TO	WN	COUNTY	STATE
	22a.1 certify that (I	-	ottended the	e deceased f	10-0	3-	<del>_ 81</del>	10-20-		81	that (i) (we lost
	saw the decent	sed ellye on	10-20-		01	d that in (my) (ou	opinion de	eath accurred on the de	ote and ha		
	22b. SIGNATURE	dy d d not	view the body	offer death.		DEGREE	-			22c DATE	
	/	1	NW	swi	an	AMI) ATTE	NDING _	MEDICAL STAI	FF X	101	Dolan
	22d. PHYSICIAN'S N	IAME (TYPE O	PRINT		1	22e ADDRESS		HOSPITAL C		DATTON	20/8/
	DR. GOPAL			.D.							
-								AY BALTIMO	RE, M	IARYLAND	21231
230	BURIAL, CREMATION	, REMOVAL	23b. DATE	12.	23c. NAME OF C	EMETERY OR CREA	MATORY	23d. LOCATION		COUNTY	STATE
0	URIAL		10-d	4-51	ST. 5T.	AN ISKA	05	BALTO			MD
24 F	UNERAL DIRECTOR	1816		, A00	RESS 401 3	5.	250	EGO BY HOLLINAR	150 GIS	TRAPSSIGNAT	IRE 2
JC	OHN M.	WEI	SER &	sons	1 1/2	4ESTER	00	1 ~ 0 1001	- I sample	- Carl	ma Ellen



4905 York Rd. Balto., Md. 21212.

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Lales Wanger Femineten Ealliners & 2211 W. Forers Nanu 7.57 The other was a second of the second Burial 10%7 81 Druid Files Files Namalar H. . . Jenkins & Sons Co. . . SEE York Re. Edin., No. E1212 MIT EN BE

STATE OF MARYLAND

Item o gool 11/13/C1 gj

of 8 to the the state of the st entropies a fall to the second of the second The man will the man the first of the state 7501 York Road, Toward, Md. Cremetion 11/2/81 Security Process Catomiville, Md. Henry M. Johns & Son Co. 4805 York Feat Balbo., Nd. : 81818

THE DESIGNATION OF THE the thanks and on the same of the same and the same of BESIDE AND THE RESIDENCE OF THE STATE OF THE 

ADDRESS

FOR

NAME

CANNING

(VR A 15 (4) ) 9/74

REGISTRAR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

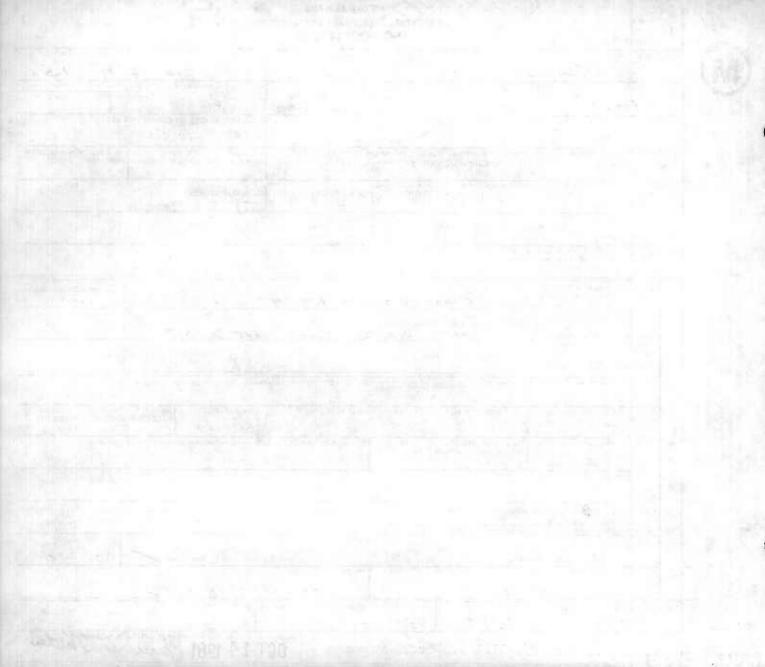
REG. NO.

STATES NOTES AS THE OF SOLIDANS A THE STREET STREET, S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours aftiwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH-16 25M (VRA 15, 4) 1/7

TO HOSPITAL SA ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after retained by the hospital or attending physician.

FOR				ITE OF MARYLAND HEALTH AND MENTAL H	GIENE 8 1	25	06				
- STATE REGISTRAI	2		CERT	IFICATE OF DEATH	REG. N	0					
I. DECEASED NA	ME FIRST	MIDDLE		LAST	2a DATE OF DEATH		EAR 2b HOUR				
(TYPE OR PRINT)	FRANC	R		BONDEN	SOFT ENS	10 12 81	1:501				
3. SEX		RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRT						
For	ALE	BLACK	MOR	DAY YEAR 2 14 150-6	81	YRS.	DAYS HOURS MIN.				
BIRTHPLACE COUNTRY) Pa		USA	MARR	IED NEVER MARRIED ON	BALTIMORE CITY O	Baltimore city or county of Death Baltimore city					
Baltimor		I NAME OF HOSPIT		OR OTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST OF		IND OF BUSINESS O STRY				
USUAL RESIDENCE 130 STATE	E (IF NURSING HOME OR C 13b COUNT	OTHER INSTITUTION, GIVE RES	IDENCE BEFORE ADMISSIO TY OR TOWN TIMOTE	N) 134. INSIDE CITY LIMITS?	13. STREET ADDRESS	lameda					
14. FATHER'S NAA FIRST Unkno	M	IDDLE	LAST	15. MOTHER'S MAIDEN N		Tagne GG	LAST				
	ED EVER IN U.S ARM		CIAL SECURITY NO	17 INFORMANT	ADDRE	ESS					
Nes, no or unk		war or dates)	4-74-6266	Cleo Edmond	Cleo Edmonds 2712 The Alameda						
THE CALLER	OF DEATH (Enter only	y one cause per line for BY:	tot (b) and ici i			14	PPROXIMATE INTERVAL WEEN ONSET AND DEAT				
NO.	HER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO T			200 AUTOPSY? 200 IF YES, WERE FINDINGS						
F.		e baumann				FIN CERTIFYING CA					
210 ACCIDE					YES NO	YES [7	INDINGS USED USES OF DEATH?				
00.00010000	IT WAS UNDERLYING	HOUR A.M. M		R	YES NO	YES 🗌	NO [				
OR CONTRIBL	TING CAUSE OF DEAT	HOUR A.M. M P.M.	ONTH DAY YEA	R		YES T	NUSES OF DEATH? NO				
OR CONTRIBL  (IF EITHER, NO  21d INJURY  WHILE  AT WORK  22d.   certify	TING CAUSE OF DEAT OTHY MEDICAL EXAMINER) OCCURRED NOT WHILE AT WORK I that work hospite	H HOUR A.M. M P.M.  21e PLACE OF INJ (AT HOME, STREET, FAC	ONTH DAY YEA  15  URY TORY, OFFICE, FARM, ETC.)  Dised from	R 211 LOCATION	CITY OR TOV	YES THE TEMPERATE FOR PARTIES OF	NO DEATH? NO NO STATE  , that (I) (we) lo				
OR CONTRIBL  (IF EITHER, NO  21d INJURY  WHILE  AT WORK  22d.   certify	TING CAUSE OF DEAT DIFFY MEDICAL EXAMINER) OCCURRED NOT WHILE AT WORK  I than (this hospite e deceased alive an (I) (we) (did) (did not) TURE	H HOUR A.M. M P.M.  21e PLACE OF INJ (AT HOME, STREET, FAC  DI) ottended the decen	ONTH DAY YEA  15  URY TORY, OFFICE, FARM, ETC.)  Dised from	211 LOCATION STREET  ond that in (my) (our) opinion  DEGREE	CITY OR TOY  . to in death occurred on the di	YES TRY IN ITEM 18, PART I OR PART I	NO DEATH? NO STATE  That (I) (we) lo m the couses stated  DATE SIGNED				
OR CONTRIBLE (IF EITHER, NO. 21d. INJURY WHILE AT WORK 22d. I certify sow th obove, 22b. SIGNA	TING CAUSE OF DEAT DIFFY MEDICAL EXAMINER) OCCURRED NOT WHILE AT WORK  That (this hospite e deceased alive on (1) (we) (did) (did not) TURE	H HOUR A.M. M P.M.  21e PLACE OF INJ (AT HOME, STREET, FAC  a) ottended the decen view the body ofter d	ONTH DAY YEA  15  URY TORY, OFFICE, FARM, ETC.)  Dised from	211 LOCATION STREET	CITY OR TOV  . to	YES TRY IN ITEM 18, PART I OR PART I	NO DEATH? NO STATE  , that (I) (we) lo				
OR CONTRIBUTE  (IF EITHER, NO.  21d. INJURY  WHILE AT WORK  22d. I certif- sow th obove, 22b. SIGNA  22d PH/SIC	TING CAUSE OF DEAT DIFFY MEDICAL EXAMINER) OCCURRED NOT WHILE AT WORK  That (this hospite e deceased alive on (1) (we) (did) (did not) TURE  CLAN'S NAME (TYPE OR	H HOUR A.M. M P.M.  21e PLACE OF INJ (AT HOME, STREET, FAC  OI) ottended the decen view the body ofter d  CALL PRINT)	ONTH DAY YEA  15  URY TORY, OFFICE, FARM, ETC.)  Dised from	211 LOCATION  211 LOCATION  19  ond that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN  22* ADDRESS	CITY OR TOV  . to do do deoth occurred on the di  MEDICAL STA	YES COUNT  RY IN ITEM 18, PART 1 OR PART  WN COUNT  19  ofe and hour and fro  222.	NO DEATH? NO STATE  That (I) (we) lo m the couses stated  DATE SIGNED				
OR CONTRIBLE  (IF EITHER, NO.  21d. INJURY  AT WORK  22d. I certif- sow th obove, 22b. SIGNA  22d PHYSIC	TING CAUSE OF DEAT DIFFY MEDICAL EXAMINER)  OCCURRED  NOT WHILE AT WORK  That (this hospite e deceased alive on (1) (we) (did) (did not)  TURE  CLAN'S NAME (TYPE OR  DORDON RA	H HOUR A.M. M P.M.  21e PLACE OF INJ (AT HOME, STREET, FAC DI) ottended the decer view the body ofter d  CLL  PRINT)  PHAEL	ONTH DAY YEA  15  URY FORY, OFFICE, FARM, ETC.)  Dised from  19  eoth.	211 LOCATION  211 LOCATION  19  ond that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN  22* ADDRESS	CITY HOSP	YES COUNT  RY IN ITEM 18, PART 1 OR PART  WN COUNT  19  ofe and hour and fro  222.	NO DEATH? NO STATE  That (I) (we) lo m the couses stated  DATE SIGNED				
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/	1	FOR - STATE REGISTRAR	DEPAR	RTMENT OF H	E OF MARYLAND MI	ENTAL HYG	IENE 8	2.	5	5 6	1
		ECEASED NAME FIRST PE OR PRINT)  ALICE	Virginia		BOYD		20 DATE OF DEATH	10 8			
	1. SE		White	5. DATE (		*46	6. AGE (IN YEARS LAST BI	THDAY)	IF UNDER 1 YE	AR IF UNDER	
73	-	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIE	D NEVER MA	ARRIED 🗆	9. BALTIMORE CITY O	_			
3	10. C	Paltimore	11. NAME OF HOSPITAL, NUR! (IF DO I'M SUCH FACILITY, GIVE STR	WIDOWS		DRCED <b>KK</b>	Baltimore 12a. USUAL OCCUPAT (TYPE OF MORK FOR MOST) HOUSEWOO	ION	12b. KINI	of BUSINE	MD. ESS OR
5	13a. :	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		NWN	13d. INSIDE CIT	Y LIMITS?	134 STREET ADDRESS	Patte	erson	Park A	ive.
X	14. FA	ATHER'S NAME Wileiam	Bowling LAST		15. MOTHER'S A	MAIDEN NAM RST <b>Na</b>	WE	Smi	th	LAST	
1		WAS DECEASED EVER IN U.S. AR/ YES NO PRUNKNOWN) (IF YES GIVE	MED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMAN Mark		. 1943 Fran		ad 212	222	
		PART I. DE ATH WAS CAUSED  Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last		ARDIOPU	JLMONARY	ARRE	ST		BETWE	OXIMATE INTER EN ONSET AND	DEATH
7	IFICATION	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO				AINAL DISEASE OR CONDITION GIVEN IN  200 AUTOPSY?  200 IF YES, WER IN CERTIFYING			ERE FINDINGS USED G CAUSES OF DEATH?	
9	CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c HOW INJU	JRY OCCURR		NO YES NO NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)			]
	MEDICAL	21d INJURY OCCURRED  HLE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		21f LOCATION STREET	1	CITY OR TO	WN	COUNTY		STATE
		22a I certify that (I) (this hospit saw the deceased alive on above, (I) (we) (did) (did not 22b SIGNATURE	10-10 19	81		19 our) apinion c	81 <sub>to</sub> 10-1 death occurred on the d		r and from t		
_		22d. PHYSICIAN'S NAME (TYPE OF	V. Platea	M	PHYSICIAN DIRECTOR PHYSICIAN 10-10-						81
1		FOLIADO DI			22e ADDRESS	ппрсп	UOCDITAL 1	O N	DDOAD	LA V	

DRIMH- 16 50M 1/81 (VRA 15, 4)

.S. Zeiler & Soh Inc. 901 S. Conkling St.

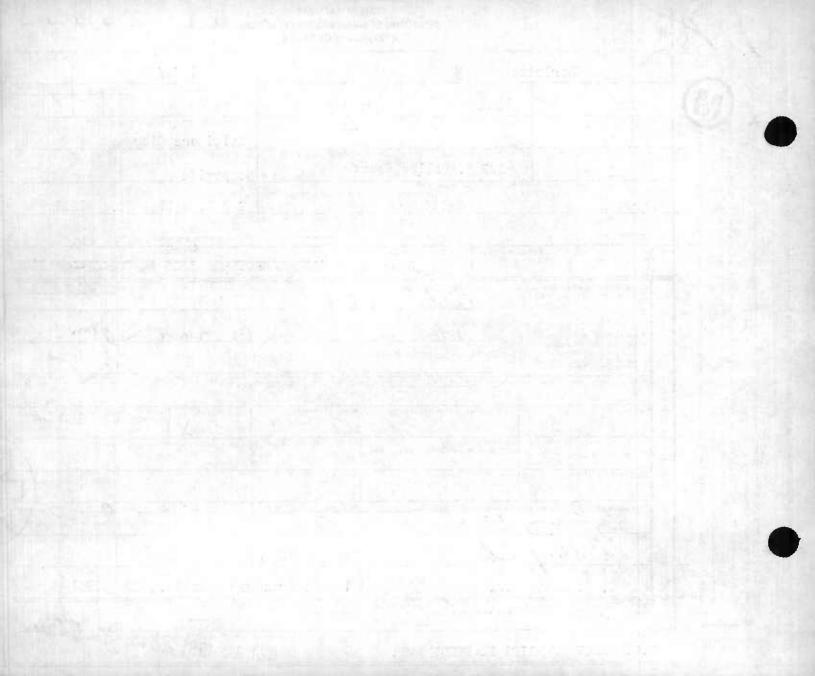
236. DATE

Westview (rematorium Winter's Lane Balto Md. 1250. DATE REC'D. BY REGISTRAR'S SIGNATURE

11 # 15 # 11 still 20 and the second of the second s . W. St. of the Market 143 Face 1 was 2/222 Jestion 10-1-1-1 lerview reministry vincing to 10-1-1 of the state of the second of

7	1	FOR - STATE REGISTRAR		DEP	ARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYO HICATE OF DEATH	GIENE 8 1	2 5	0 6 3		
		CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH		2b HOUR		
		Charl	otte	М	Boyd		10/	8/81	M		
11	1.5E		4 RACE		5. DATE (		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE			
11		Female	Black	-	1.10.11	16/07	74	YRS	TS HOURS MIN.		
2	и в	IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF	WHAT COUN	TRY? 8	DXX NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH			
17		Maryland	USA		WIDOW	DIVORCED	Baltimore	City	MD.		
10		Baltimore	207	S. Dal	Tas Cour	or other institution	(TYPE OF WORK FOR MOST OF Housewife		O OF BUSINESS OR		
25	USU 13a. S	AL RESIDENCE (# NURSING HOASTATE 13b. C	AE OR OTHER INSTITUTION	GIVE RESIDENCE		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS				
2		Maryland		Balti		YES X NO	207 S. Da	llas Ct. 2	1231		
200	14. FA	ATHER'S NAME FIRST	MIDDLE	LAS	ıt	15. MOTHER'S MAIDEN NA	ME		LAST		
JJ		JOSEPH		CUI	P	JULIE	FORWYT		THE		
1		WAS DECEASED EVER IN U.S.	ARMED FORCES?		SECURITY NO.	17 INFORMANT	ADDRE	SS			
1		no		245-46	5_0807	THELMA CAR	ROTHERS 181	5 N. COLLIN	VIGION AVE.		
/		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r only one couse per	line for (o), (	pl, and (c)	4		BETWE	OXIMATE INTERVAL EN ONSET AND DEATH		
			DIATE CAUSE (a)	Cardo	ac amo	et					
	7	7272		R AS A CONS	SEQUENCEOF	41 . 0	1 1.	in the	240		
		Conditions, if any, which gove rise to immediate		antes	so-elevan	til cardioness	ulas olisea	ac Je	yvy		
		couse (a), stating the underlying cause last.		R AS A CONS	SEQUENCE OF			Lella Ch			
	1	31	(c)								
	NO	PART 2 OTHER SIGNIFICAT	NI CONDITIONS CO	DNIKIBUTING	5 TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	No		
7	ATE	19a DATE OF OPERATION	19b COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	DINGS USED			
12	CERTIFICAT						IN CERTIFYING CAUSES OF DEATH?				
0	CER	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCUR	- Ard		the same of the sa		
9	TA.	OR CONTRIBUTING CAUSE OF	DERIN	M. MONTH M.	DAY YEAR	Victoria de la constante de la					
/	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATION	CITY OR TO	wn County			
	*	WHILE NOT WHILE AT WORK	(AT HOME STI	REET, FACTORY, OI	FFICE, FARM, ETC )	ZIMEET	CITY OR TO	WN COUNTY	STATE		
		770.1 certify that (1) this he			rom	Biloker 19 18	_, to_ Oct	2. 19 87	_, that(1) (we) last		
		saw the deceased alive above (1) (we) (did) (did	not view the body	after death	19 8 , 01	nd that in (my) (aur) apinian	death accurred on the do	ate and haur and from t	he causes stated		
		226. SIGNATURE	00			DEGREE			TE SIGNED		
		Chi-Shin	ng Chon		/	MD ATTENDING PHYSICIAN	MEDICAL STAF	IAN [			
1		224 PHYSICIAN'S NAME (1				22e ADDRESS		Plant and			
		C. S. Che	en, M.D.	as les	36.5	100 N. Broa	dway Balt	o., MD 212	31		
		BURIAL, CREMATION, REMOV		/01		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	CTATE		
		DOMAN	10/12	7/81	HOLLLY	HILL CEM	ESSEX	0	on May		
1		JNERAL DIRECTOR	. 1101 -	ADDI	RESS.	25a. DAT	T 13 1981	REGISTRA	ATINE TO SEE		
	-	W.C. MARCH F/I	1 1101 E.	NORTH	AVE.	00	T 13 1981	UN D			

DRMH-16 50M 1/81 (VRA 15, 4)



10 5	Y	FOR STATE REGISTRAR		DEP	ARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH		2	5 0	6 9
E A		CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH		DAY YEAR	2h HOUR
2 11	12	RACHE	LL	H.	ВО	ZD	OCTOBER	10 1	981	01:25PM
100	1.5E		4. RACE		5 DATE C		6 AGE (IN YEARS LAS	BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
F PMI		female		ack	/12		4	3 YRS		, , , , , , , , , , , , , , , , , , ,
	a Bi	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUN	MARRIE	D NEVER MARRIED	9 BALTIMORE CIT	OR COUNTY	OF DEATH	
F 2 20	10.6	TY OR TOWN OF DEATH	USA		WIDOWE					MD.
- Day 70	1_		(IF NOT IN SU	CH FACILITY, GIVE	STREET ADDRESS)	DR OTHER INSTITUTION	12a. USUAL OCCUP			OF BUSINESS OR
120	-	Itimore AL RESIDENCE (IF NURSING HOME O				HOSPITAL				
MARYLAND 2120  Maletely IIII  and 2 shulling  examine	13a S	TATE 13b COU	NTY	13c. CITY OR	TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRES			
Phu Phu S	-	Md THER'S NAME		Balti	more	YES NO 15 MOTHER'S MAIDEN N	2027 Robb	Street		
AAR Males		Bennie	WIDDIE	LAS		Alberta	MIDDL		Fie]	
		VAS DECEASED EVER IN U.S. AF		16b SOCIAL	SECURITY NO.	17. INFORMANT	AD	DRESS	r Te I	<u>.us</u>
BALTIMORE,	(	(IF YES, GI	VE WAR OR DATES)	N.	/A	Blanche F.	Chamblee 2	027 Robl	b Stree	et.
Sicro Series of the state of th		18 CAUSE OF DEATH Enter of	nly ane cause pe							IMATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE	TE CAUSE (a)	color c	coursina	metastatic	to liver			
PRESTON ST., ne death ceriff e attending ph smove carbane mathian, ar rem mathian, ar rem		1539	DUE TO, C	R AS A CONS	EQUENCE OF					
deo deo otte		Conditions, if any, which gave rise to immediate	(b)_							
W. Pl		cause (a), stating the underlying cause last.	DUE TO, C	R AS A CONS	EQUENCE OF					
201 red by pleos			(c)							
	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	ONDITION GIVI	EN IN PART 11	3
low requires to be signed by sony injury to be s	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDIN	
hos hos ene p	FE		1964				YES IN NO		YING CAUSES	OF DEATH?
VIII. T	CER	210. ACCIDENT WAS UNDERLYING		OF INJURY	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF	NJURY IN ITEM IB PA	ART 1 OR PART 2)	
N OF	CAL	OR CONTRIBUTING CAUSE OF DE	AIN	.M. MONTH	19					
NG PHYSICIAN: 1 ottending physicians then burding physicians os the burdinans the and Mental Hygorked or them 18 shand and them 18 shand physicians or the and mental Hygorked or them 18 shand physicians or the physicians and physicians are provided to the physicians of the physicians are provided to the physicians of	MEDICAL	21d. INJURY OCCURRED		OF INJURY	FFICE, FARM, ETC.)	211. LOCATION STREET	CITY O	RIOWN	COUNTY	STATE
DIVI ING Witer os th	-	AT WORK NOT WHILE AT WORK								100 5/15
END olo olo olo olo olo olo olo olo olo ol		22a.1 certify that (1) (this hasp saw the deceased alive an		ne deceased for		19 % (	10 13			that (I) (we) last
ATTE CECTO ed for ot. of		abave, (I) (we) (did) (did no				nd that in (my) (our) opiniar	death occurred on th	e date and have	22c. DATE	
t OR A the hos to DIREC to Dept.		m	111.			ATTENDING	MEDICAL S	TAFF		O ( V )
PITAL by th by th ERAL State ANT: II	1	22d. PHYSICIAN'S NAME (TYPE)	OR PRINT)		<u>"M</u>	PHYSICIAN  122e ADDRESS	DIRECTOR PHY	SICIAN		
TO HOSPITAL retained by the TO FUNERAL should be determined by with the Store with the Store IMPORTANT:		Rubia				50h00	Hopking	12000	اغا	
5 of of M	23a B	URIAL, CREMATION, REMOVAL			23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
1918 BP	1	SPECIFY) Burial	10/14	/81		ore Cemetery	CITY OR TOWN		COUNTY	STATE
DHMH - 16 50M 1/81	24 FU	INERAL DIRECTOR	1 20/ 14			25a DA	TE REC'D. BY REGISTR	AR 25h REGISTI	R.R. SIGNA	Harthen
(VRA 15, 4)	W	illiam C. March	F/H 11	01 E. I	North Av	enue 00	CT 13 1981	Cornea	Dan	

BP. DHMH-16 30M 2/80 (VRA 15, 4)

FOR

- STATE

REGISTRAR

COUNTY STATE in (my) pour) opinion death occurred on the date and hour and from the causes stated Church of Cemetery or Crematory Burial 23. 1981 Gambrills, A.A. Burnie. 24 FUNERAL DIRECTOR Glen 25a. DATE REC'D MD. Singleton Funeral Home

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b HOUR

IF UNDER 24 HRS

HOURS

12b. KUND OF BUSINESS OR

NATIONAL WEATHER

SERVICE

Watson

APPROXIMATE INTERVA

MONTH

NO M

1981

IF UNDER 1 YEAR

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TOMA MULTIFORME 11 MONTHS

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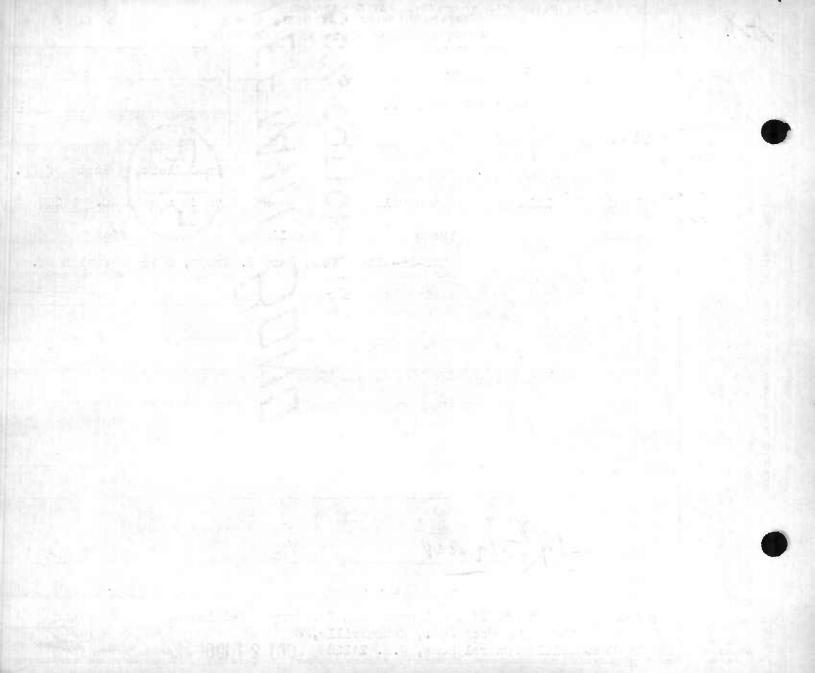
9	] ] -	FOR STATE REGISTRAR					MENT O	FHEALT	MARYLAND M CERTIFIC	ENTALH		A .	REG.	2	5	ò	7	1
		CEASED NAME	FIRST			MIDDLE			LAST			20. DATE	KNOWN		NTH	DAY	YEAR	2b. HOUR
% % % % E	(TYP	E OR PRINT)	Thoma	96	T.	ewis			Bradfo	rd		OF DEATH	E211-		10	1719	18	
PEEA	3 SEX		4. RACE		OF BIRTH		6 AGE (IN	YEARS IF L	JNDER 1 YR.	IF UNDER	24 HRS.	2c. DATE			NTH	DAY	YEAR	2d HOUR
L DIRECTOR. OUR FILES. INTERHOUSE	Ma	ale	Black	MONTH	1 1 9	YEAR 2 3	57	YRS. MON	NTHS DAYS	HOURS	MIN.	PRONOUN DEAD	ICED		10	17 19	18	12:04
10.4	7a. BI	RTHPLACE (ST			EN OF W	HAT COU		To:	RIED X NE	VED MADD	IED 🗆	9. BALTIM	ORE CITY		, ,			- //
理論がら		Balto	Md.	U.	S.A.				WED [	DIVORC		Balt	imore	e Ci	ty,			MD
NAME OF THE PARTY	10. CI	TY OR TOWN	OF DEATH	II. NAM	E OF HOS	SPITAL, NI	JRSING HO	ME, OR OT	THER INSTITU	TION		JAL OCCUP		TYPE OF W	ORK 12	2b. KIND	OF BU	SINESS
F 400 H 50 00		Baltimo	re			rsity						ruck		TO Y		Tru		
to m fr co fr		L RESIDENCE	(IF IN NURSING HOME O	OR OTHER INST		IVE RESIDENC			Itaa Incine e	ITY CIMITES		EET ADDRE		7-1		1.1.11	CKI	ng
21201 RETAND PECOLE		Md	130. COOK				11to		YES.	NO [	13e SIK		N.	Can	rey	St		
E, MD.	-	THER'S NAME		MIDDLE			LACT		15. MOTH	ER'S MAIDI	EN NAME		ODLE			145	,	
DEATH WAY PAY OF CITY OF CATH		Lewis	3	MIODEE	S	cogg	gins		Ma	ude		M	OULE	BI	rad	for	d	
L SST.	16a. V	AS DECEASED	DEVER IN U.S. AR		CES?		CIAL SECUP	RITY NO.	17. INFOR	THAM	-	y0.1	ADDRE	SS				
T BALTIMORE, MD.  URS AFTER DEATH. II  8. GIVE PAGES 1, 2, 1, WITH FORM PM 3, III. PAGES 1, AND 2 S.  E. DIVISION OF VITAL.		No	(11 125, 511)	WAR OR DATE		215	14 8	832	Mrs	. La	ura	Brad	ford	1 5 !	16	N.	Car	ey
: 5 5 5 0		18 CAUSE OF	F DEATH (Enter an	ly one cau	se per line	for (o), (b	o), ond (c).)									APPRO	DXIMATE	INTERVAL AND DEATH
101 W. PRESTON ST., TED WITHIN 24 HOUR N PENCIL IN ITEM 18, XAMINER ALONG W AL. TRANSIT PERMIT. AL. TRANSIT PERMIT. NO. OR REMOVAL.		PARTIDE	ATH WAS CAUSE	D BY: TE CAUSE	(o) Art	erios	sclero	otic o	cardio	vascu	lar d	diseas	е			BETWEE	1 01 1321	ANDUCAN
N 2 N III N ALC		10	10		JE TO, OR	AS A CO	NSEQUENC	EOF								1		716
NER ALK	1		ns, if ony, which se to immediate		(b)									+				
AMIL TRIEN		couse (a) lying cou	stating the under-	DU	JE TO, OR	AS A CO	NSEOUENC	EOF			570	Denoted to	1.30					
RDS, 201 ( EXECUTED NG" IN PR CAL EXAN BURIAL A AND MEI MATION, (					(c)													
CORDS BE EXE NDING NEDICAL NEDICAL NEDICAL NEMATINA A NEMATINA A N	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).																
ALEGE A	CERTIFICATION	19a DATE OF	OPERATION	191	b. CONDI	TION FOR	WHICH OP	ERATION	WAS PERFOR	MED?						20 AUT	OPSY?	
SHOULD ORD "PE CHIEF A CHIEF A TO F HE USED," OF HE USED, URIAL, OF HE	曹															YES		NOX
DIVISION OF VITAL RECORDS, 201 S CERTIFICATE SHOULD BE EXECUTEE RITING THE WORD."PENDING". IN P RDED TO THE CHIEF MEDICAL EXA E3 SHOULD BE USED AS A BURIAL. E DEPARTMENT OF HEALTH AND M OI PRIOR TO BURIAL, CREMATION,		UNDERLYING	CAUSE WAS OR OG CAUSE OF I	Н	TIME OF	A. MONTH	DAY YE	AR 21c. 1	HOW INJURY	OCCURRE	D LENTER	NATURE OF INJ	URY IN ITEM	18 PART 1	OR PART	2)		
DIVISI THIS CERI WARDED PAGE 3 SI TATE DEP	MEDICAL	21d. INJURY C WHILE AT WORK	NOT WHILE C			OF INJURY TORY, FARM,	Y (AT HOME, ETC.)	211. L	OCATION STREET			CITY OR TOV	VN		COUN	ITY		STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 2 EXECUTE THE CERTIFICATE, WRITING THE WORD."PENDING" IN PENCIL IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALT TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT ARTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYBANSIT ARTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYBANSIT ARTER DEATH, WITH AND MENTAL HYBANSIT AND STATEMENT OF HEALTH AND STATEMENT OF HEALTH AND MENTAL HYBANSIT AND STATEMENT OF HEALTH OF HEA		22a I certif deoth resulte ACTUAL SIGNATURE	fy that I took charged fram:	ge of the re	parties and the same of	ccident	A	Suicide [	, Hamie	Inspection in the Inspection i	Undet	Inquiry ermined ma	nner		ny opin  ATE	10	/17,	/81
MEDIC FECUTE GGE 4 S FUNE THER DE	-	EXAMINER'S I	NAME Thoma	as D.	Smit	th, M	.D.		_ADDRESS_	111	Penn		Balt	٥.,	MD.	•		
SA SE	23a.B	JRIAL, CREMAT	TION, REMOVAL 2			23ε.	NAME OF C	EMETERY	OR CREMATO	ORY	23d. LC	OCATION OR TOWN			COUNTY	Υ .	STA	ATE
BP		Buri	CEI	10-21	- 81		<inc< td=""><td>Men</td><td>n PK</td><td></td><td>1</td><td>and</td><td></td><td></td><td>America 7</td><td>M</td><td>d.</td><td></td></inc<>	Men	n PK		1	and			America 7	M	d.	
DHMH - 17	24 FI	NERAL DIREC	TOR	(	ADDRESS					ZSa. DATE	REC'D. BY	REGISTRA	40/	GISTIA	SSIC	SNOTO	the	n e
(VR A15 ME (5)) 15M 2/80	JA	s. A. Mi	RITONIA	JONS		701	Laure	MS	ST.	007	20	1981	pan	150	1	-		

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(VRA 15, 4)

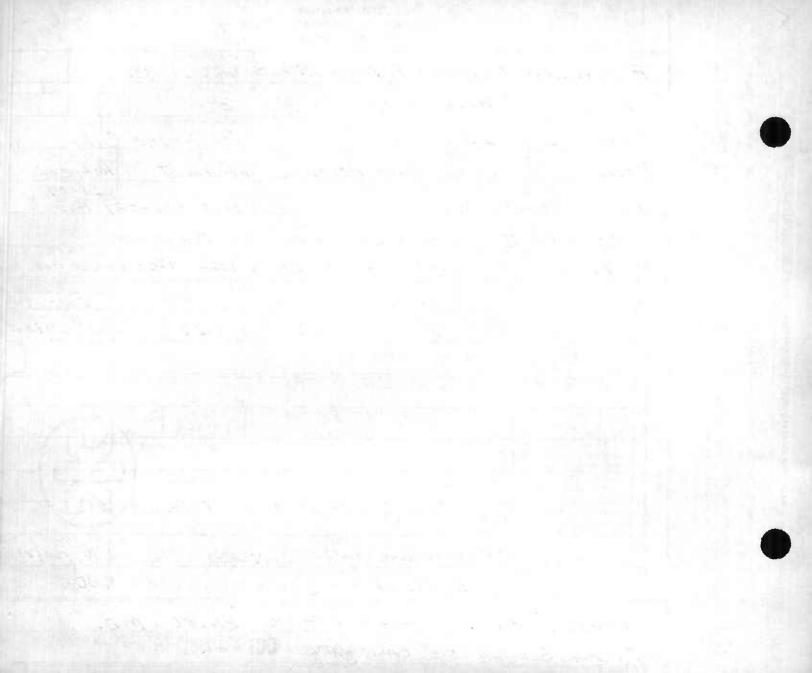
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR DECEASED NAA (TYPE OR PRINT)	E FIRST		MIDDLE	LAST	20. DATE KNOV	WN V VMONTH	DAY YEAR 26. HOUR
	(TIPE OR PRINT)		Dallam	D. Bragg		OF EST DEATH MATE		149 81 "
3.5	SEX	4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTHDAY) MON		R 24 HRS. 2c. DATE MIN. PRONOUNCED	MONTH	DAY YEAR 2d. HOUR
-	male BIRTHPLACE (	white	March 3'	1, 1909 72 <sub>YRS.</sub>		DEAD		14 19 81 1:46
6	FOREIGN COUNTRY	TATE OR		MAR	RIED KNEVER MARK	RIED [ ]	CITY OR COUNTY	OF DEATH PM
10.	laryland CITY OR TOWN	OF DEATH	U S A	SPITAL, NURSING HOME, OR OT	WED DIVORG	CED   Baltin	nore City	MD. KIND OF BUSINESS
4	Baltimo		(IF NOT IN SUCH F.	Agnes Hospital		Retired Cl	FE)	or INDUSTRY
US	SUAL RESIDENCE		AE OR OTHER INSTITUTION, G	INE RESIDENCE BEFORE ADMISSION)	134. INSIDE CITY LIMITS?		OIN W	ace of fig.
	Maryland		timore	Catonsville	YES NO NO	13e. STREET ADDRESS 6015 Ches	worth Rd.	21228
	FATHER'S NAM		MIDDLE	LAST	15. MOTHER'S MAID			LAST
	Verno			Bragg	Madelin		Finr	
160	4. WAS DECEASI YES, NO, OR UNKN	D EVER IN U.S. A	ARMED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT		DRESS	and by Di
1	no			213-09-6325	Mrs. Mary	E. Bragg, 6	บาร เกอรแ	ortn Kd.
CREMATION, OR REMOVAL	Candition gove recause (collying co	ns, if ony, whise to immedia ) stating the unduse last.	SED BY:  IATE CAUSE (o)  Ch ch ate (b) DUE TO, OF	e for (a), (b), and (c).) Arterioseleration R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF			е	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NOTES	Candition gove in cause (c lying co	ns, if ony, whise to immedia ) stating the unduse last.	SED BY:  IATE CAUSE (o)  Ch  Ch  Ch  (b)  DUE TO, OF  (c)  (c)  MS CONTRIBUTING TO DEATH	rterios elerotic	ISE OR CONDITION GIVEN IN P.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  20 AUTOPSY?
TIECATION	Candition gove in cause (c lying co	ns, if ony, whise to immedia stating the undi use last.	SED BY:  IATE CAUSE (o)  Ch  Ch  Ch  Ch  Ch  Ch  Ch  Ch  Ch  C	ATTETIOS CLETOTIC  R AS A CONSEQUENCE OF  BUT NOT RELATED TO THE TERMINAL DISEA	ISE OR CONDITION GIVEN IN P.			BETWEEN ONSET AND DEATH  20 AUTOPSY?
CALCEPTIENCATION	Candition gove in cause (c. lying co. lying co. line. St. Date O.	INTERPOLATION  AL CAUSE WAS  OR O	SED BY:  IATE CAUSE (o)  Ch OTHER TO, OF  (b) DUE TO, OF  (c)  INS CONTRIBUTING TO DEATH  216. TIME O HOUR A.A.  P.A.  DE DEATH	THE TOP CONSEQUENCE OF  RAS A CONSEQUENCE OF  BUT NOT RELATED TO THE TERMINAL DISEA  ITION FOR WHICH OPERATION Y  FINJURY  A. MONTH DAY YEAR  19	USE OR CONDITION GIVEN IN P. WAS PERFORMED? HOW INJURY OCCURRI			20 AUTOPSY?  YES NO
NOTA DELICATION	Candition gove in cause (c. lying co. lying co	INTERPOLATION  AL CAUSE WAS  OR O	SED BY:  IATE CAUSE (o)  Ch  OTE  OTE  OTE  TO DUE TO, OF  (c)  INS CONTRIBUTING TO DEATH  216. TIME O HOUR A.A.  216. PLACE	THE TOP CONSEQUENCE OF  RAS A CONSEQUENCE OF  BUT NOT RELATED TO THE TERMINAL DISEA  ITION FOR WHICH OPERATION Y  FINJURY  A. MONTH DAY YEAR  19	ASE OR CONDITION GIVEN IN PA	ART 1 (g).		20 AUTOPSY?  YES NO   O
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FOR

STATE OF MARYLAND



			OR PRINTS	FIRST		MIDDLE	l	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
be 3	1	( I TPE		STEF	R MAF	RY PAG	&A	BRENNAN	October 12.	1981	235
ou.	I ma	3. SEX			4 RACE		S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	
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w b.	5//	)	Malach	i	MIDDLE	Brenna	1	Hannah	MIDDLE	Clan	iev
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be exect on and c	medi	- ()	es, no or unknown)	(IF YES, GIV	E WAR OR DATES)	217 54	7703	Sister Cec	elia	Same	
sate ate	t, the		18 CAUSE OF DEAT	H (Enter on	ly one couse per	r line for (a), (b), an	d(c).)	1	SAME OF DEST	BETWEEN	CIMATE INTERVAL
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ires gne n ple	3.0	7	PART 2. OTHER SIGN	UFICANTO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1	(0)
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low low	5 /	CERTIFICATION	190. DATE OF OPERAL	ION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CE	YES, WERE FINDI	NGS USED S OF DEATH?
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G PHYSICIAN: The other of this certificate has the buriol-tronsite the buriol-tronsite.	8 9		OR CONTRIBUTING			M. MONTH D.	AY YEAR	216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	118, PART 1 OR PART 2)	
SIC SIC Cert	r hem	MEDICAL	(IF EITHER, NOTIFY MEDIC			M.	19	71L LOCATION			
PH)	po po	MEC	WHILE THE WH		21e. PLACE	REET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TOWN	COUNTY	STATE
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VIAL			URIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN PARTOWN PART	COUNTY	d. STATE
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FOR - STATE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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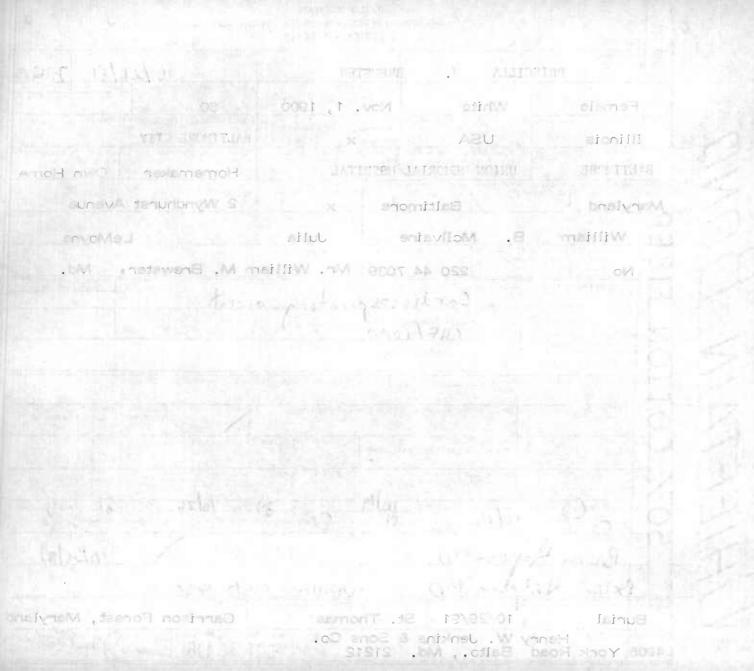
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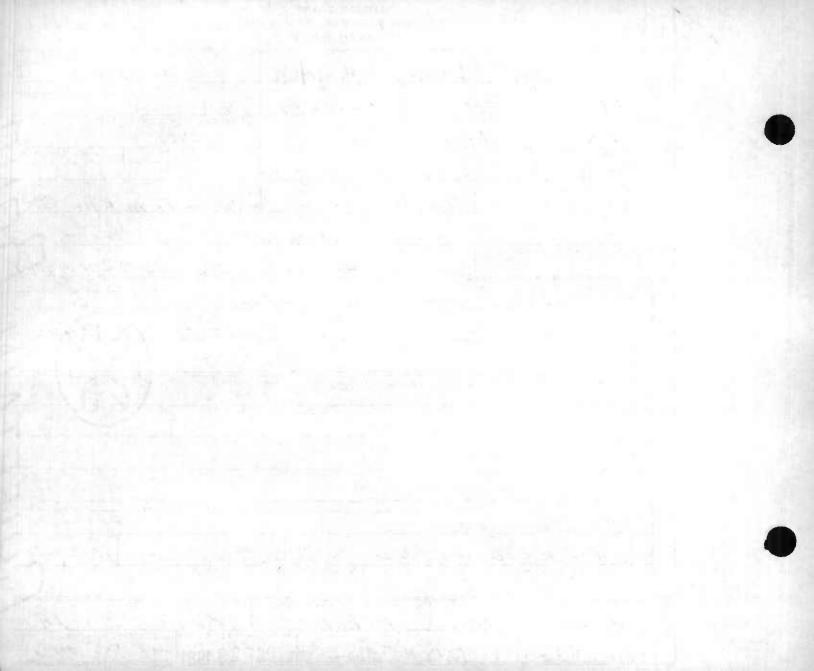
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Hanry W. Jankins & Sons Do.

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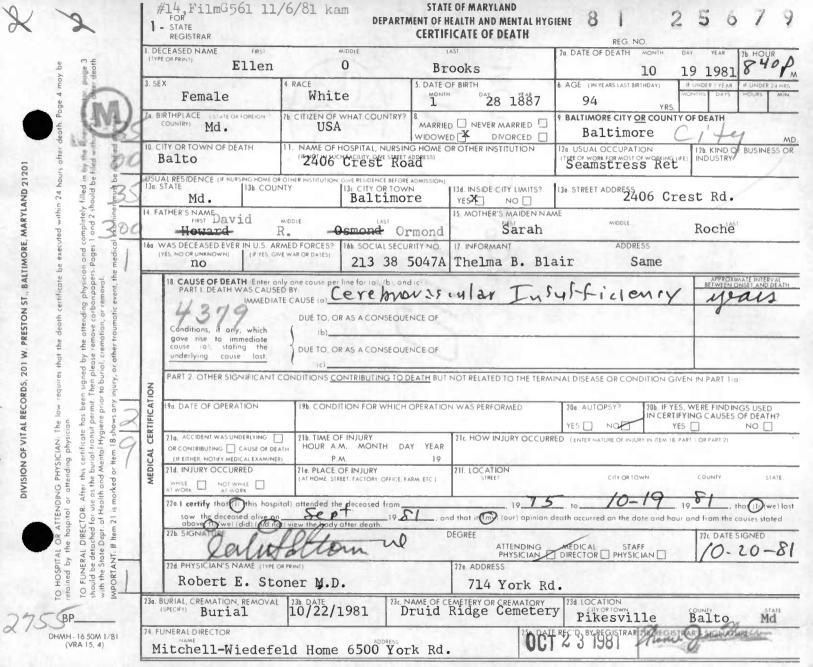
		10	1 -	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL RYG ICATE OF DEATH	SIENE B   REG. N	2	5 0	16
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	1 4		1.5E)		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	1 / 1 m	1		Female	Whi			. 1, 1900	80	YRS		
	* 1 3E/M	9)		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY C	F DEATH	
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IW	Page			No	t was on bartes,	220 44	7039	Mr. Willia	m M. Bre	wster,	Mo	d
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DS, 20	equires the signed Then ples to burio or minry o		NO	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN	N IN PART 1(o	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	n. nas beer permit ne prior	7	CERTIFICATION	190. DATE OF OPERATION	19b CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200. AUTOPSY?		WERE FINDIN	
DF VITA	N S O O O E W	16		21a, ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DE	ATH HOUR A	OF INJURY A.M. MONTH DA		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2)	
N	tyStC1A ding pl is certif buriol-t Mental	/	MEDICAL	THE EITHER NOTIFY MEDICAL EXAMINE		OF INJURY	19	211. LOCATION			17	
VISIC	or attending After this e os the budith and M		ME	WHILE NOT WHILE	(AT HOME, S	TREET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITY OR TO	OWN	COUNTY	STATE
۵	or or after a			22a. I certify that (I) (this hosp	ital) attended t	he deceased from_	1017		1, 10 10/26	, 19	XI.	that (V) (we) lost
	TTEN Pital TOR For u			saw deceased alive ar obov (I) we) (did) (did no	10/2	19	ET . or	nd that in (my) (our) opinion	deoth accurred on the d	ote and hour o	and from the	couses stated
	OR AT OR AT DIRECT DORECT Dept. of			22b. SIGNATURE	New me ood	y otter deom.	7.7.1	DEGREE			22c. DAJE	SIGNED
	7 + 7 + 0			22d. PHYSICIAN'S NAME (TYPE	chom	Non		ATTENDING PHYSICIAN [	MEDICAL STA	CIAN	100	(8)
	HOS Dined FUN Sould b			Brian HA	Men	MO			16th HOSE			
171	10 5 543 E			URIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION		COUNTY	67.476
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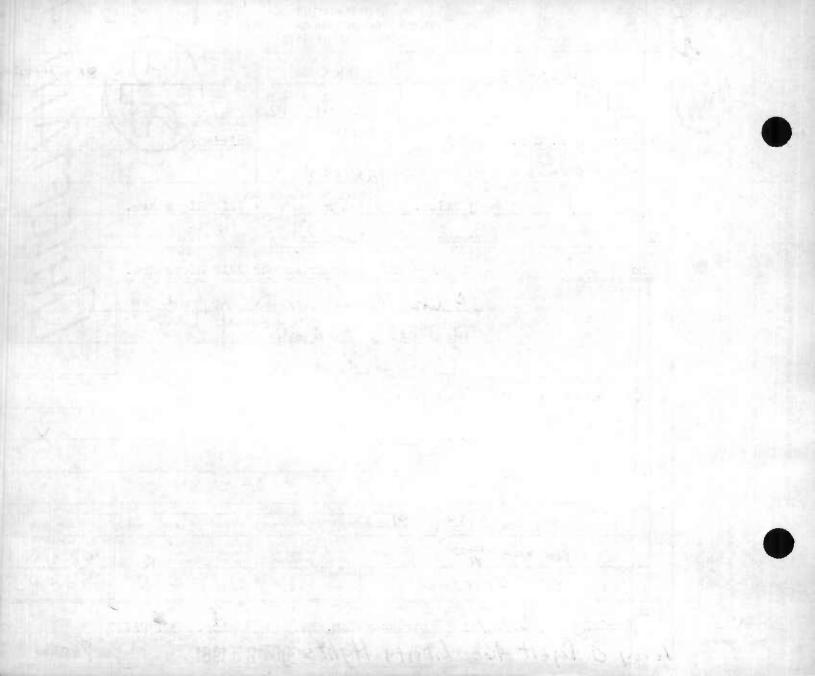
STATE OF MARYLAND

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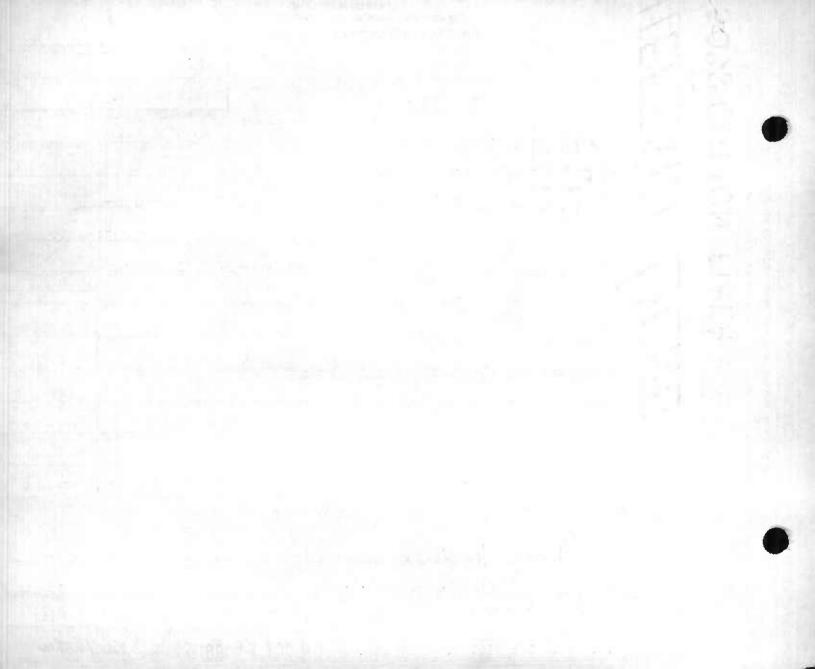
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TO HOSPITAL STATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter retained by the hospital or attending physician.

8	1.	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	L HYGIEI	NE 8	2	5 6	8
poge 3		CEASED NAME FIRST OR PRINT! Bert		rown	L	AST	2	October 9	, 1981	Y YEAR 2	n. HOUR
j t	SE	Female	4 RACE Whit	е	S DATE O	у 26°, 1926°		AGE (IN YEARS LAST BIRTH			IF UNDER 24 HRS HOURS MIN
within 72 hours	C	RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	U.S.	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED		Baltimore City of Baltime			MC
led in		Baltimore	THOU BY	Morling A	ADDRESS)	OR OTHER INSTITUTION		20 USUAL OCCUPATK		12h KIND OF INDUSTRY HESTU	BUSINESS OR Lrant
should be in should be in should be in	130 3	AL RESIDENCE IN NURSING HOME TATE 136 CO Rryland	OR OTHER INSTITUTION	134 CITY OR JOW Baltime	E ADMISSION!	134 INSIDE CITY LIMIT YES A NO	TS?   13	3. STREET ADDRESS 1403 Mo:	rling .	Avenue	
and 2			MDDIE ochner	LAST		Is MOTHER'S MAIDEI		beth		LAST	
s. Poges		VAS DECEASED EVER IN U.S. VES, NO OR UNKNOWN]   I IF YES, C No.	ARMED FORCES? GIVE WAR OR DATES!	220 24 1		George C.	. Br	ADDRE:	ss Same		
ed by the ottending physicior oleose remove carbon popers. riol, cremotion, or removal. or other troumotic event, the		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying cause lost.	DUE TO, O	DR AS A CONSEQUI	ENCE OF	Coron	Arr	٥	ease	BETWEENON	ATE INTERVAL SET AND DEATH
ion.  The bos been significate prior to but hows ony injury.	CERTIFICATION	190 DATE OF OPERATION		O A	DEATH BUT NOT RELATED TO THE TERMI		TERMIN	200 AUTOPSY?	WERE FINDING	GS USED OF DEATH? NO	
er this certificate the burial-trans and Mental Hygical Red or them 18 st	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTHEY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	DEATH HOUR A. JER) P. 21e PLACE	OF INJURY .M. MONTH DM. OF INJURY REET, FACTORY, OFFICE, F	19	21c HOW INJURY OC	CCURRED	CITY OR TOW		T LORPART 2]	STATE
y the hospitol or of a DIRECTOR. Aft detached for use os totle Dept of Health NT: If hem 21 is man		220 1 certify that (1) (this to sow the deceased alive above, (1) (w) (did (did 22b. SIGNATURE	on not) view the body	8 19		d that in (my) (pr) op DEGREE ATTENDIT PHYSICIA	NG 🗸	mEDICAL STAF	te and haur o		
retoined by TO FUNER, should be a with the Sig	230 5	Dr. Gregory  URIAL, CREMATION, REMOV	y Walker		NAME OF C	220 ADDRESS Union EMETERY OR CREMATO		rial Commu	n <b>ity</b> H	ealth C	enter
DHMH-16 20M (VRA 15, 4) 7/78	L '	Burial Jural Director Name Burgee Funeral	12 Oct	1001	eadew	ridge Mem	Die	DOTSET PREC'D. BY REGISTRAN	Howard	OUNTY N'S SIGNATUI	state arrland ather

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6	1-	FOR STATE		STA DEPARTMENT OF	TE OF MARYLAN HEALTH AND ME		15	25	6 8	2.
	200	REGISTRAR		MEDICAL EXAMIN	ER'S CERTIFIC	CATE OF DE	I/ E-G-11			
		CEASED NAME	2_	WODE	LAST		26. DATE KNOWN	D M910-12	4-8 YEAR	2b. HOUR
200			SE)	J.	BROWN	1/	DEATH MATED		19	TAK
AY IS NECESSARY, PLEASE O'THE FUNERAL DIRECTOR. PAGE FILED WITH HATTH DUES	ma ma	le black		DAY YEAR LAST BRITED	ARS IF UNDER TYR	HOURS MINI.	2t. DATE PRONOUNCED DEAD	10-14		3AM"
A S S S S S S S S S S S S S S S S S S S		RTHPLACE (STATE OR REIGN COUNTRY)		WHAT COUNTRY?	8. MARRIED   NE	VED WARRIED TO	9. BALTIMORE CITY			
SA S	1	N. C.	US	ZA.	WIDOWED [	DIVORCED	Daltiman	- 0:4		440
THE FU AGE S PILED.		TY OR TOWN OF DEATH	11. NAME OF (IF NOT IN SUI	HOSPITAL, NURSING HOM CH FACILITY, GIVE STREET ADDRESS)			Baltimore UAL OCCUPATION (TO MOST OF WORKING LIFE)	YPE OF WORK 112b	KIND OF BUSI OR INDUSTRY	
20 mm =	Ba	L TIMOTE AL RESIDENCE (IF IN NURSING HON	1157 H	omestead Str	eet					
IF ANY DELAY IS N. 2, AND 3 TO THE FL. 3. RETAIN PAGE S. SCHOULD BE PILED. AL RECORDS. 201 W	13o. S	TATE 13b. COI	INTY	13c. CITY OR TOWN Baltimore	13d INSIDE (1		REET ADDRESS 57 Homestea	ed Stroc	<b>h</b>	
	14. F	ATHER'S NAME			15. MOTHE	R'S MAIDEN NAMI	E	MI WILES		
SO SENT	Je	ssie	M.	Brown	FI	ıla	WIDDLE	M: 11-	LAST	
E PAGE FORM ES 1 A ON O	160. V	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURIT	Y NO. 17. INFORM	MANT	ADDRES	S IVIIIS	s- Doc	
N F F	(Y	es, no, or linknown) (IF yes, G	IVE WAR OR DATES)	212-36-11	75 Harr	al Brown	2402 Albion	λτ		
WITH WITH DIVISION		18 CAUSE OF DEATH (Enter	anly ane cause per		13 LIGAC	DIOWIT	Z-SUZ ALUIOI		APPROXIMATE IN	NTERVAL
24 HOU LINEA 16 LONG PERMIT GIENE, VAL.		PART I DEATH WAS CAU	SED BY:	Stabwound to	abdomon			В	BETWEEN ONSET A	ND DEATH
UTED WITHIN 24 HOU IN PENCIL IN ITEM II SEAMINER ALONG I'AL - TRANSIT PERMI O MENTAL HYGIENE, ON, OR REMOVAL.		4660 MMED		OR AS A CONSEQUENCE						
ER A		Conditions, if any, whi						e yay		
NA TRA		gave rise to immedia cause (a) stating the unde	< ' · -	OR AS A CONSEQUENCE	OF					
N A P		lying cause last.		J A CONSEQUENCE				1		
ED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AN HEAITH AND MENTAL HYGIENE, DIVISION OF AL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO OF	EATH BUT NOT RELATED TO THE TERA	NINAL DISEASE OR CONDITION	H GIVEN IN PART 1 (6).				
MEDICA AS A BU EALTH AN CREMA!	ON									
E SHOULD BE USED AS E DEPARTMENT OF HEALT OF PRIOR TO BURIAL, CRE	CERTIFICATION	190. DATE OF OPERATION	19b. CO	NDITION FOR WHICH OPER	RATION WAS PERFOR	MED?		20	0 AUTOPSY?	
S S S S S S S S S S S S S S S S S S S	F								YES XX	NO 🗌
2 GAN	CER	216. EXTERNAL CAUSE WAS		E OF INJURY	21c. HOW INJURY	OCCURRED (ENTER	NATURE OF INJURY IN ITEM 1	8 PART 1 OR PART 2)		
8	CAL CAL	UNDERLYING YOR CONTRIBUTING CAUSE O	F DEATH 2:35	AMOND- 924-864	subject	stabbed				
PRI	MEDICAL	21d. INJURY OCCURRED	21e PLA	CE OF INJURY (AT HOME,	21f. LOCATION					
12	¥	AT WORK AT WORK	KK p	orch	1°157 Hc	omestead	Sfreet Bal	timore,	Maryla	ndate
DR: PAC HE STA ND, 212		220 I certify that I taak cho	irge at the remains	described abave, held an	Autapsy XX	Inspection .	Inquiry	and in my apiniar	n	
PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		death resulted fram: Na	tural causes .	Accident, Su	icide , Hamic	ide XX Under	termined manner			
AR. WIT		Ma	1	111 00	TITLE (SF					
¥ H		ACTUAL SIGNATURE	ite 1	Ne you	M.DAssis	stant MED	DICAL EXAMINER	DATE SIGNED_1	10-14-8	1
O SEA	-	V						3131122		
E S		(TYPE OR PRINT)	Margari	ta A. Korell	M.D. ADDRESS_		nn Street			
P A A	23e. B	JRIAL, CREMATION, REMOVAL PECIFY) Burial	23b. DATE 10/17/8		metery or cremato ew Memoria	1 Pk 23d. LC	CATION CORTOWN Catonsville	COUNTY	Md	E
H - 17	24. F	INERAL DIRECTOR		nece.	12		Y REGISTRAR 256 REC		ATURE	
(5)}			H F/H 110	DI E. NORTH A	VE.	OCT 1 6	1981 Jane	es Jan	Varther	
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAN
DEPARTMENT OF HEALTH AND ME

FOR

NTAL HYGIENE

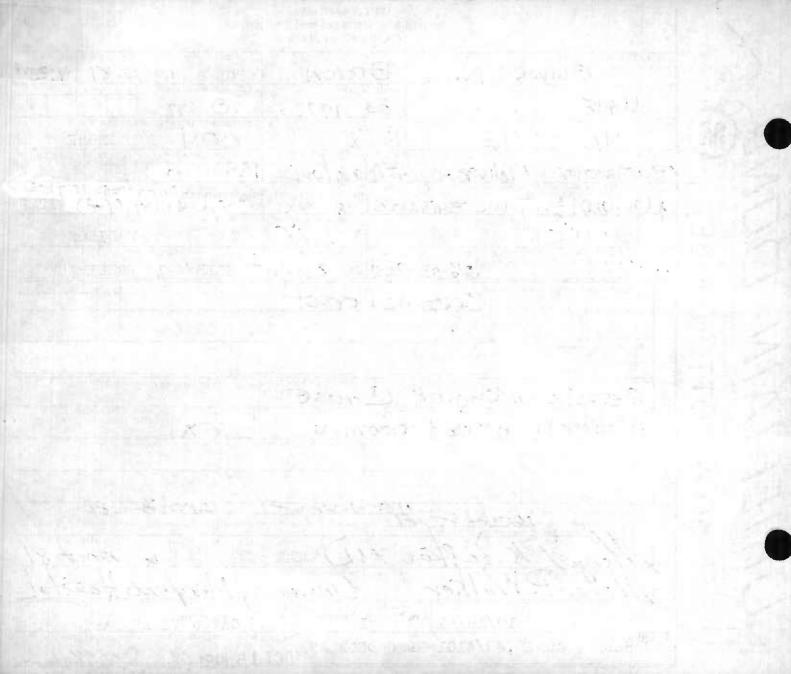
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	L	REGISTRAR			CERTII	ICATE OF DEATH	REG.	NO.	
		CEASED NAME	FIRST	MIDDLE		LAST	20. DATE OF DEATH		AR 26 HOUR
			Norma	DEAN	Brow	n	October	7, 1981	3:10A M
	3. SE:	emale	6	Co/.	5. DATE OF		6. AGE (IN YEARS LAST		YEAR IF UNDER 24 HRS. AYS HOURS MIN.
9	70. 81	RTHPLACE (STA	TE OR FOREIGN	b. CITIZEN OF WHAT COL		D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEAT	Н
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8		Baltimo		Maryland G	VE STREET ADDRESS)	ospital	120 USUAL OCCUPA (TYPE OF WORK FOR MOS		BANK OF BUSINESS OR
K	n	AL RESIDENCE (III	PAN COUNT		DR PONEN	138 INSIDE CITY LIMITS?	6450	FAIKIYK	RI.
X		Edw.	Ard	Ti Porc	WNSF	15 MOTHER'S MAIDEN N	AME MIDDLE	Clar	LASY
1		VAS DECEASED I	EVER IN U.S. ARA N) (#FYES GIVE	WAR OR DATES)	42753	mrs Ann.	boes 28	18 SANTA	Fee Ave
	NO	Conditions, if gove rise to couse (a), underlying c	ony, which immediate stating the cause lost	DUE TO, OR AS A COI	Insuffice of the control of the cont	Carcinoma of Maxillary S		ıt.	EEN ONSET AND DEATH
9	CERTIFICATION	190 DATE OF OF	PERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	ISES OF DEATH?
7	MEDICAL CERT	(IF EITHER NOTIFY	CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MON P.M.	TH DAY YEAR	21¢ HOW INJURY OCCUI		JURY IN ITEM 18 PART I OR PART	NO []
	MEDI		OT WHILE	21e. PLACE OF INJURY (AT HOME STREET, FACTORY	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR	10WN COUNTY	STATE
		sow the de	ceased alive on _l we) (did) (did tot)	october 7 view the body after death	19 81 . 01	mber 28, 19 8) and that in (mx) (our) opinion DEGREE ATTENDING PHYSICIAN	death occurred on the	date and hour and from	the couses stated  ATE SIGNED  /7/81
	T.	14.50 mile 11.10	NAME (TYPE OR PISZCZ	Y IV		22e ADDRESS c/O Maryla	director phys	ICIAN	
	230 B	ECIFY)	/	236 DATE	230 NAME OF C	EMETERY OR CREMATORY	23d LOCATION	16 COUNTY	God.

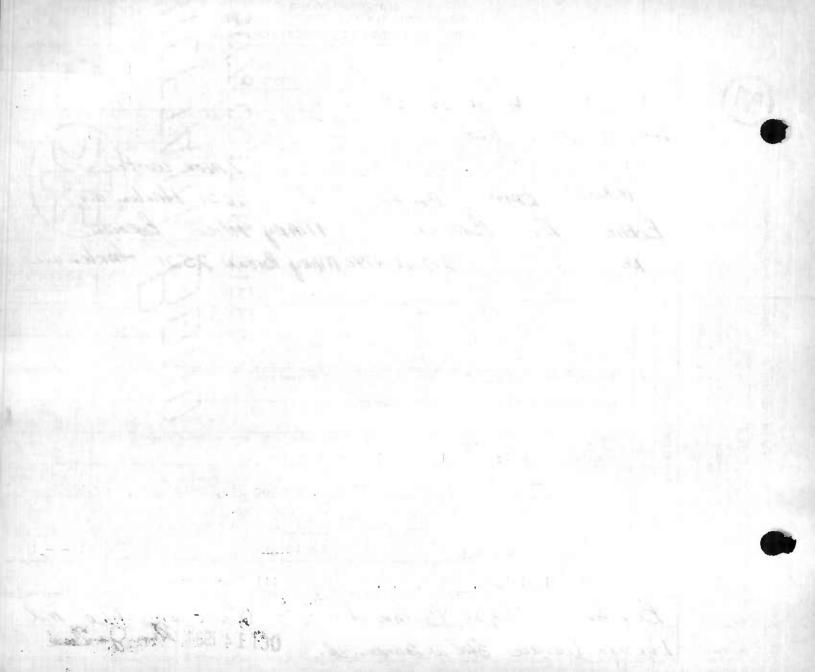
DHMH - 16 50M 1/81 (VRA 15, 4)

24 EUNERAL DIRECTOR

The transfer to the second Markety, 12:02 Exercise Cel april 1, 1840 Ill and Collibert, Git. U.S.A. Partie Collins The shade of the control of the cont thungs To Die New Joint Member g 15 to assert the statement of the second . loss & matter SECTION OF THE PROPERTY WAS A PROPERTY OF THE POST



74	1	FOR			EDADTMENIT		AARYLAND I AND MENTAL I	HYGIENĖ)	4	•)		7
	11-	STATE REGISTRAR						OF DEATH	REG.	NO.	, 0 0	
	T. DE	CEASED NAME	FIRST		WIDDLE		LAST		ATE KNOWN		DAY YEAR	26. HOUR
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2 2 E	3. SE)	4 RACE	5. DA	TE OF BIRTH		(IN YEARS IF UN	NDER TYR. IF UNDE		DATE NOUNCED	нүном	DAY YEAR	24 HOUR 1:35
(MAX)		RTHPLACE (STATE OR			56 3	5YRS.			DEAD ALTIMORE CIT	0 1	8 1,81	D.M
BADER 25	1	anville V	A	7154	TAI COUNTRY?	1	IED NEVER MARI	KIED [	Bal timo	_		
Z = 2 = 2	10. CI	TY OR TOWN OF DEATH	1 II. N			HOME, OR OTH	HER INSTITUTION	120 USUAL C	CCUPATION (		126. KIND OF BU	JSINESS
ANY DELAY IS ANY DELAY IS IND 3 TO THER RETAIN PAGE 5 OULD BE FILED	B	altimore	(	300 W.	Mosher	Street		LAL	FWORKING LIFE)	orken	OR INDUST	RY
21201 F ANY DE AND 3 TE RETAIN HOULD E RECORD		L RESIDENCE HE IN NURSIN	OUNTY	RINSTITUTION, GIV	136. CITY OR TO	DMISSION)	13d. INSIDE CAY LIMITS?	13e. STREET A	DDRESS / /	. /		1113
IF AND SHOUL		1/20	Dr.	440	BA1.	to	YES NO	252	1 140	rlen	ave,	
BALTIMORE, MD. 2120 S AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND ITH FORM PM 3. RETA PAGES 1 AND 2 SHOUL WISION OF WIAR REC	14. F	ENSINE ERS	E. MIDD	BI	ROWN		15. MOTHER'S MAID	A Alic	MIDDLE	Skou	(AST	
MEATIMORE, A MEATER DEATH S. GIVE PAGES 1. WITH FORM PM MITH FORM PM F. PAGES 1 AND DIVISION OF WITH	16a. V	AS DECEASED EVER IN	U.S. ARMED FO		16b. SOCIAL SE		17. INFORMANT		ADDRE	ss In	ela a	
S AF GIVE ITH PAG INVISION		16				5-6940	VIIARY R	rows .	2521	1 4 14	rien a	~
N ST., 4 HOUR EM 18. NNG W ERMIT. IENE, D		18. CAUSE OF DEATH ( PART I DEATH WAS	CAUSED BY:		for (o), (b), and (o) Gunshot		o Back				BETWEEN ONSE	T AND DEATH
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XECUTED VG" IN PROCAL EXAM			(	(c)								
S A A SEN	NO	PART 2 OTHER SIGNIFICANT CO	DNOTTIONS CONTRIB	JUTING TO DEATH	BUT NOT RELATED TO T	IE TERMINAL DISEA:	SE OR CONDITION GIVEN IN P	ART 1 (a),				
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DIVISION THIS CERT WARDED PAGE 3 SI TATE DEP	¥	WHILE ONOT WE AT WORK	RK KX	STREET, FACT	Street		O W. Moshe	er St.	Baltimo		aryland	STATE
. W = (0)		22a. I certify that I to	ak charge of th	ne remoins des	cribed obove, held	on Autor	osy X. Inspecti	on , In	quiry .	and in my o	pinion	
XAMNER: BETFICATION BE FOR WITH THE	-	death resulted from:	Notural cau	ses ,	Accident,	Suicide	, Hamicide XX	Undetermin	ed manner	],		
WU54.2		ACTUAL DIA	Clark	y Dola			ASSISTAR	nt		DATE	10-9-	-81
SHOE AL		SIGNATURE	Jones	700 41	_	^	A.D	MEDICAL	EXAMINER	SIGN	ED	
TO MEDICAL EXECUTE THE PAGE 4 SHO AFTER DEATH BATTIMORE,		(TYPE OR PRINT)	Virgir	nia L.	Dolan, M	.D.	ADDRESS	I Penn	Street			
PAGE PAGE	23o.B	URIAL, CREMATION, REM	AOVAL 236. DA	TE/ 16	23c NAME C	F CEMETERY	OR CREMATORY	23d LOCAT	ION	, col	INTY S	TATE
1005 BP	74 5	UNERAL DIRECTOR	1/	112/8/	CEdi	TR HI	175e. DATE	REC'D RY REC	DURA ISBRAR 1250	GISTRIA	SIGNATURE	d.
DHMH - 17 (VR A15 ME (5))	1	hame herm	hillars	ADDRESS 2	5 11 2	anti.	1 0	CT 14 19	33	- y	-	
15M 2/80	~	mym, u	21.46	. 570	w. Sic	There	56.					



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST MICOLE LAST 20. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT STEPHEN BROWN 10-23-81 10 · 00 mm 3. SEX 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHOAY IF UNDER I YEAR MONTH 12 95 25 male white 85 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland Baltimore City USA WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Church Home Hospital Self-Emp Contractor USUAL RESIDENCE HE NURS OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13c. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore 1742 Grange Road Maryland NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Ignatious Tadawski Brown Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! Angeline no 25 1895 1742 Grange Road 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) CARDIO RESPIRATORY ARREST DUE TO OR AS A CONSEQUENCE OF (b) CONGESTIVE HEART FAILURE tions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION MITRAL STENOSIS 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED O 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 81 10-23-220.1 certify that (1) vicing hospital ottended the deceased from \_ 81 , and that in (my) four opinion death accurred on the date and haur and from the causes stated 224 SIGNATUR DEGREE 22c DATE SIGNED

DHMH - 16 50M 1/81 (VRA 15, 4)

Burial 10/27/81 24 FUNERAL DIRECTOR 1005 Dundalk Avenue Walter Dabrowski

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL 1236, DATE

23c NAME OF CEMETERY OR CREMATORY Sacred Heart Of Mary 23d LOCATION Baltimore

HOSPITAL CORPORATION

BROADWAY BALTIMORE, MARYLAND 21231

Maryland

250. DATE REC'D. BY REGISTRARIZS REGISTRARIS SIGNARIA

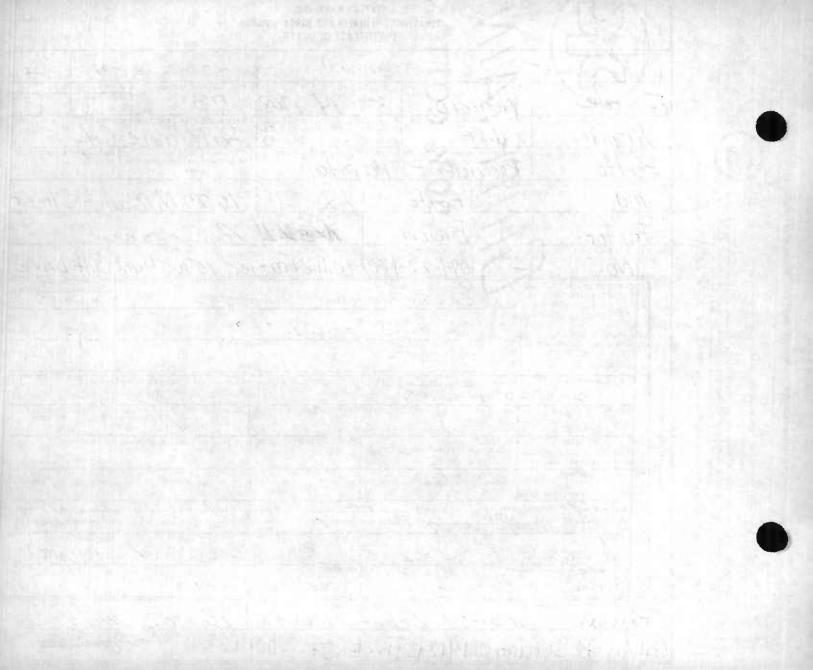
MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

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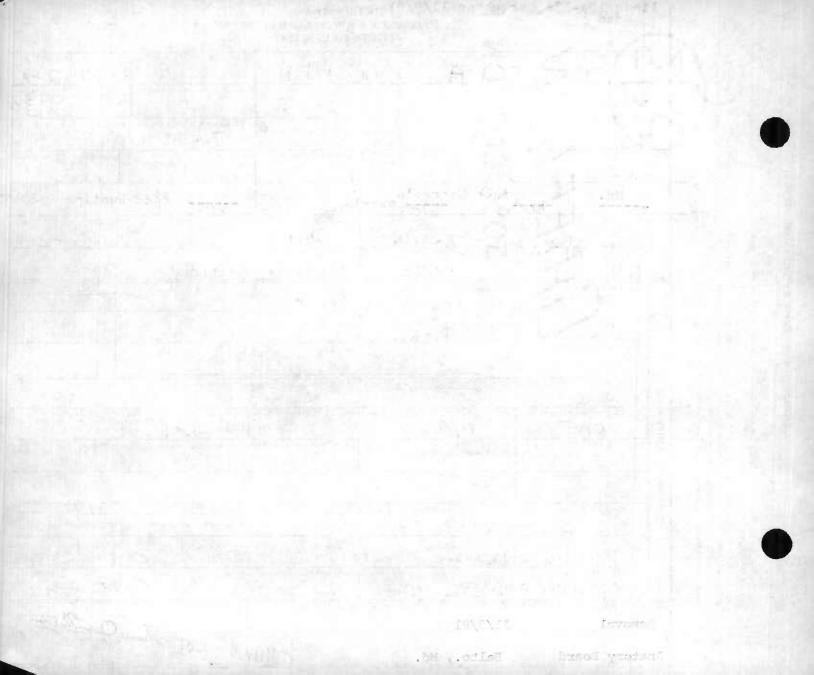
William of the Boron Skill William St. A. 27 50 67 12 8 Prophen USA x Phance Chi Principled School of Colony of the Walt Hill Special Colony illiam H. Brown, Sr. Mailli wannol-H would will rether the set my hope that will be the world be wearing Entoning at 11/2 1 conding Mausoleum Bilto., Henry W. Jenkins & Sone Co. 4905 York Road Balto., Wd. 21218

~	1.	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  REG. NO.	5 6 9 0
	1. DE	CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DAY	YEAR 26. HOUR
moy be poge 3	K	lille JANE	BROWN OCTOBER 18,19	8/ 730 AM
e 4 mo	J. SE	emale	1 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)  MONTH PAY 1908 73  YRS.	NDER I YEAR IN UNDER 24 HRS
0 1 1 1 83	7a. B	RTHPLACE ISTATE OR FOREIGN	76 CITIZENOF WHAT COUNTRY?   MARRIED   NEVER MARRIED   9. BALTIMORE CITY OF COUNTY OF	CAY MD
. (M) 199	100	TY OR TOWN OF DEATH		IZE KIND OF BUSINESS OR INDUSTRY
24 hours 12	USU. 13e. S	AL RESIDENCE (IF NURSING HOME OF		int Street
MARYLA ed within mpletely and 2 sin	14. F.A	Portor	Brown Is MOTHER'S MAIDEN NAME  FIRST LL AND POOLE  BOOK PRODUCTION OF THE PRODUCTION	LAST
BALTIMORE, I		VAS DECEASED EVER IN U.S. AR (IF YES, GIVI	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (WAR OR OATES) 074-22-4297 (Willie Frazier 10900 Hunt	Cliff Drive
the or		PART I. DEATH WAS CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON SI		5728 MMEDIA	DUE TO OR AS A CONSCIUENCE OF	
W. St t		Conditions, if any, which gave rise to immediate couse 101, stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	DAYS
RDS, 201 squires the signed by Then pleas to burial, injury, or a	NO	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART 1(o)
TAL RECONTINUE TO The low rection. The low rection. The hos been the hos been given prior. Sthows only it.	CERTIFICATION	190 DATE OF OPERATION		ERE FINDINGS USED G CAUSES OF DEATH? NO
of VITAL SICIAN: The tig physicio certificate to certificate to certificate to certificate to certificate to terminal physician literal 18 sho		2 10 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	THOUGH A M. MONTH BOTH MEAN	OR PART 2}
DIVISION OF VITAL RECORDS,  DING PHYSICIAN: The law requir or attending physician.  After this certificate has been sig e as the burial-transit permit. Then both and Memal Hygiene prior to b marked or Item 18 shaws any injury	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY 21f. LOCATION	COUNTY STATE
ATTENDIN spirtol or CTOR: Af I for use o of Health		/ 7	tal) attended the deceased from 9-10, 19-1, to 10-18, 19-10, 19-1	d from the causes stated
the ho the ho to Diffe to Dept		22b. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	10/18/81.
HOSPII Pined by FUNER FUNER PORTAN		22d. PHYSICIAN'S NAME (TYPE O		
160BP	230	SURIAL, CREMATION, REMOVAL	1236 DATE 23c NAME OF CEMETERY OR CREMATORY 1236 LOCATION	STATE
DHMH - 16 50M 7/77 (VR A 15 (4))	24/1	UNERAL DIRECTOR SCA		SIGNATURE



TILES IN T 2.1, 1.2 2.0 = 3.0 Continue Brown thethe budge Observe yes 19 01 15-52-01 or or neget new dishort, w. will be

*		I	tems 13a-13e ]	per phone 11/9	/81 STATE OF MARYLAN	ID .	0 1 4 0 0
		1.	FOR dad	DEPAI	RETMENT OF HEALTH AND ME		2 3 0 7 2
		1.65	REGISTRAR		CERTIFICATE OF DE	REG.	
	1 (0.50		CEASED NAME FIRST	D 11 TO	DAD 11 Mal	A 20 DATE OF DEATH	el
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1		J. JE.	Male	White	MONTH DAY	6. AGE (IN YEARS LAST	BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS
-	2 11	Jur' Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR		8) O BALTIMORE CITY	YRS. OR COUNTY OF DEATH
	1 1 2 3 S		95	USA	MARRIED   NEVER MA	PACED TO BALL	TO CITY MD.
	1 11 100	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITU	UTION 120 USUAL OCCUPA	ATION 12b. KIND OF BUSINESS OR
201	2 13 XX		BALTO	Univ. of M		hone	MWO
MARYLAND 2120	24 hours filled in outd by	13a S	AL RESIDENCE IN NURSING HOME OF STATE Md. 136 COU	NPrince George		LIMITS? 13e. STREET ADDRES	s 8822 Hunting 2080
YLA	rely 2 sh 2 sh		THER'S NAME	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	IS. MOTHER'S M		
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RE, I	5 07/0		VAS DECEASED EVER IN U.S. AR		CURITY NO. 17 INFORMANT		DRESS Horamovitz
BALTIMORE,	Poges		TES NO OR UNKNOWN)   THE YES GIT	VE WAR OR DATES)	E Med	ical Record	
SALT	ficate by sicio popers noval ent, the		18 CAUSE OF DEATH Enter or	nly one couse per line for (o), (b).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ng physic bonpopi r removol		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (0) Resport	aton Arres	t.	
Z O	th carbon of ico		7708	DUE TO, OR AS A CONSEC	QUENCE OF		
REST	the death a the ottendin remove carb emotion, or i er froumotic		Conditions, if ony, which gove rise to immediate	( (b) Pres	raturity		
201 W. PRESTON ST.,	by the se rem		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEC	QUENCE OF		
10	th sed by			(c)			
05,2	equires n signe Then p r to bus injury.	z	NONE	CONDITIONS CONTRIBUTING I	O DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE OR CO	INDITION GIVEN IN PART 10
0	9 = 0 >	ATIC	19g DATE OF OPERATION	19h CONDITION FOR WHI	CH OPERATION WAS PERFORM	AED 20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
L R	hos hos	IFIC	NONE	NIA	CHOI ENAMOR WAS FELL OWN	YES TO NO.	IN CERTIFYING CAUSES OF DEATH?
DIVISION OF VITAL RECORDS,	4YSICIAN: The ding physicion is certificate h buriol-tronsit p. Mentol Hygier or frem 18 show	CERTIFICATION	210 ACCIDENT WAS UNDERLYING		21c HOW INJU	IRY OCCURRED (ENTER NATURE OF IN	
9	(SICIAN: TI ing physicia certificate urial-transit Aental Hygii ttem 18 sh		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR		
<u>0</u>		MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION	CITY OR	TOWN COUNTY STATE
N SI	or offer th Affer th e os the offh ond morked of	Σ	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFIC	E, FARM, ETC.)	CITTOR	TOWN COUNTY STATE
				ital) attended the deceased from		19_8] . to_ /0/	23 19 31 , that (I) (we) lost
	2 9 5 1			of view the body ofter death.	ond that in (my) (ou	ur) opinion deoth occurred on the	date and hour and from the causes stated
	TAL OR A. y, the hosport of DIREC detoched to the Dept. 17; If them		22b. SIGNATURE	C.	DEGREE	ENDING MEDICAL ST	1 AFF 224. DATE SIGNED
	RAL RAL		224 PHYSICIAN'S NAME INTO	Mouns	PH	YSICIAN DIRECTOR PHYS	SICIAN (10/23/8)
	TO HOSPITAL reformed by the TO FUNERAL D should be detoo with the Stote D IMPORTANT: IF	-	MOC 414	COOPER M	22e ADDRESS	S. Greens S	t. Balto 21201
	Of of State of Management	23a B	URIAL, CREMATION, REMOVAL		I. NAME OF CEMETERY OR CRE		1307
2201	BP	1	SPECIFY) Removal	11/5/81	THE CONTRACTOR ON CRE	CITY OR TOWN	COUNTY Marchate
U LU I	HMH - 16 50M 1/BI		INERAL DIRECTOR			250 DATE REC'D. BY REGISTRA	AR 256 DECEMBERAR & SIGNATURE
	(VRA 15, 4)	An	atomy Board	Balto., Md.		WOA P 1301	
						1 481 -	



_		Items 13a-13e	per phone 11/	9/81 STATE OF MARYLAND		dia yea	25 hg
~		FOR dad	2.2 D	EPARTMENT OF HEALTH AND MENTAL HY	GIENE 8	2 5 6	7 3
		1 - STATE Item #2b	ber broue carr	CERTIFICATE OF DEATH			
		I. DECEASED NAME FIRS	D. 2/23/82 rc	LAST	REG. NO.	ONTH DAY YEAR 76	HOUR A N
e	E CONTRACTOR	(TYPE OR PRINT)	Day.	D. B	10	100/01/1	12;35A.N
10 00	Tra sil	3. SEX	14 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER I YEAR IF	UNDER 24 HRS
71. 1	W/ 1	M 1.	1.00	MONTH DAY YEAR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MONTHS DAYS H	OURS MAIN
2 2		70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COI	INTRY2 8	9 BALTIMORE CITY OR	YRS COUNTY OF BEATH	7
€ 2	258 3	COUNTRY	1150	MARRIED LI NEVER MARRIED	D \	Cili	
1 2	1 2	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	WIDOWED DIVORCED NURSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATIO	N 1126 KIND OF B	MD.
- 6 6	1 132	8-14-	(IF NOT IN SUCH FACILITY, GI	VE STREET ADDRESS)	TYPE OF WORK FOR MOST OF		03111233 011
1120 ours	be fil	USUAL RESIDENCE (IF NURSING HO	SOR OTHER INSTITUTION GIVE RESIDEN BUNILANCE GO DICE	Md Hasp IGE BEFORE ADMISSION)		822 Vientina	20708
ND 24 h	35	Md. Kdar	annince delines	OR TOWN Laur HT. INSIDE CITY LIMITS?	13e STREET ADDRESS	822 Hunting	20708
YLAI thun thun	2 sho	14 FATHER'S NAME	N/A T	15. MOTHER'S MAIDEN N	AME -N-A		
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RE, A		160 WAS DECEASED EVER IN U.S	ARMED FORCES? 166 SOCI	ECURITY NO. 17. INFORMANT	ADDRESS	Hbramov	177_
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BALTIMORE, MARYLAND 2120 core be executed within 24 hours. systerion and campletely filled in by	the the		er anly ane cause per line for (a)	Medical	Kecord	APPROXIMAT BETWEEN ONS	EINTERVAL
rficote physici novol.	PART I. DEATH WAS CA	USED BY	2000' 1 1	<	BETWEEN ONS	ET AND DEATH	
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PRE he of		gave rise to immediat		1			
thot t		underlying couse los	DOL TO, OR AS A CO	NSEQUENCE OF			
20 es	buriol, rry, or o	PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CONDI	TION GIVEN IN PART 110	
RDS equi	4 0 .5	§ NONE					
ow bee	prior ony ii	19a DATE OF OPERATION  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYIN	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	USED
ALR The lion.	shows	E WONE	N/A		YES NO		NO D
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r otherding physicion. (ther this certificate has been sign	OI W	OR CONTRIBUTING CAUSE C		TH DAY YEAR 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)	1
ON OF VI	Ventol-I	(IF EITHER NOTIFY MEDICAL EXA	· ventil	19			
SION PHY endir	d M	(IF EITHER NOTIFY MEDICAL EXA	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
NG OH	e as the bu ofth and M morked or	AT WORK NOT WHILE AT WORK					
00	5. 4 c		aspital) attended the deceased			•	t (1) (we) last
OR ATTEND te hospital o	of of		e on 10/33 d not I wew the Yody after death		death occurred on the date	and have and from the cov	ses stated
OR by	Dept.	THE SCHATURE	A sacring	DEGREE ATTENDING	MEDICAL STAFF	22 DATE SIG	NED
HOSPITAL Ined by th	detock tote De NT: # H	LIMANA	Charles .	PHYSICIAN	DIRECTOR PHYSICIA	'ND 1003	181
HOSPIT,	the SRTA	274 PHYSICIAN'S NAME (	O M	22e ADDRESS			1
TO HOSI	should be deto with the State [ IMPORTANT: If	Moshay	Cooper M		ene St. Ba	1to Md 2121	01
		33a BURIAL CREMATION REMO	ACCUSED TO THE PARTY OF THE PAR	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY M	The
OPOL BP_	A 1	Removal	11/5/81		vs psecip au adalaid.	Man!	Carlina .
O DHMH-165 (VRA 1:	50M 1/81 5, 4)	24 FUNERAL DIRECTOR NAME Anatomy Board		DDRESS N	TE RECIP. BY REGISTAR 25	CEGISTRAR & SIGNATURE	
		MUSTOMV BOSYC	Balto . A	70.	UT		

Bry Buy Buy B L 1 10 63 91 100 900 Man 10/2/31 2 10/2/11 to gain the roll agament of Automorphic Bern Bern Cou Wilnes Appendix AND THE RESERVE OF THE PARTY OF Marine Company of the . Bat . . . out. East

6		1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL H	IYGIENE &	REG. NO.	250	9 9		
s 7f			OR PRINT) JOH	rst .	WIDDLI	BUI		1SKY	2a. DATE	DE DEATH MONTH	7-81	3 1 A M		
1		3. SE		_	I. RACE	200	5. DATE C	OF BIRTH	6 AGE (II	YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
(RA)	48	5. 52	M		W		U MONTH	DAY _ YEAR		76 YR	MONTHS DAYS	HOURS MIN.		
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by the type de with the de wit	46	10. C	BALTO,	1	1. NAME OF HOSE	ILITY, GIVE STREET	IG HOME (	OR OTHER INSTITUTION	12a USUA (TYPE OF W	LOCCUPATION ORK FOR MOST OF WORKIN		OF BUSINESS OR		
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cests pages over			18 CAUSE OF DEATH (E PART I. DEATH WAS	nter only	one couse per line	1		1			APPROX BETWEEN	ONSET AND DEATH		
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beer rmit.	0	CERTIFICATION	190. DATE OF OPERATION	1	196 CONDITION	FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AU	OPSY? 20b. 1F	YES, WERE FINDI	NGS USED		
The liction.		E	NONE		100				YES [	NO	YES [	NO 🗆		
Z > COT ®	0		210, ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE	E OF DEAT				21c. HOW INJURY OCC	CURRED (ENTER	NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)			
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or or se or and the se or and			220.1 certify that (1) (this	hospita	ol) ottended the de		$\overline{}$	6 , 19 6	, to	107	19 81	that (1) (we) lost		
R ATTEN hospital iRECTOR hed for u			sow the deceased a above, (I) (ma) (did)	live on_	10/7	death 19	E1	nd that in (my) ( <del>aw)</del> opini	ion death occur	red on the date and	hour and from the	couses stoted		
or A			226. SIGNATURE	<	The Body offer	dedjii.		DEGREE			22c DATE	HIGNET		
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DHMH-16 30M 2/80		24NF	INFRAL DIRECTOR		1.0		UM 611	25a. I		REGISTRAR 25b. REG		HAPP A		
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THE EVERYE STORM THE MANNEY HISTORY Description of the proposal of ward was to 20 parties - 30 A STATE OF THE PARTY OF THE PAR Figure 1 Degree 1 ALEVANOR IN THE REAL PROPERTY OF THE PARTY O

15	1	FOR STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 1 2	5 0 9 50 g
and he way be		CEASED NAME FIRST BOSS  XMA/E  4. RACE	MIDDLE BY S. DATE MO.	OF BIRTH  11 DAY YEAR 5	26. DATE OF DEATH MONTH DAY  / O - 7  6. AGE (INYEARS LAST BIRTHDAY)  IF	YEAR 26 HOURS MIN.
by the funeral dir filed within 72 hau	10 C	ORTH Carolina ITY OR TOWN OF DEATH  ALTHORE	WIDOV  AME OF HOSPITAL, NURSING HOME NOT IN SYCH FACILITY, GIVE STREET ADDRESS)  AUTOMOTOR  STREET ADDRESS)	DIVORCED DIVORCED OR OTHER INSTITUTION	9. BALTIMORE CITY OR COUNTY O Baltimore City 120 USUAL OCCUPATION	FDEATH  MD.  12b. KIND OF BUSINESS OR INDUSTRY
ted within 24 hou ompletely filled in 1 and 2 should be	14. F	ALRESIDENCE (FAURSING CONTINUE IN STATE ATHER'S NAME Charles Bullec	Ballimole ek LAST	YES NO NO NO NAME NO NAME NAME NAME NAME NAME NAME NAME NAME	Cobb MIDDLE	ST.
be exec on and .s. Pages	1	VAS DECEASED EVER IN U.S. ARMED FO YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR  18 CAUSE OF DEATH (Enter only one c	219- <b>10-474</b> 8	Lucy A. Bul	lock , 1811 Presst	man St.
equires that the death certificate be a signed by the attending physicial Then please remove carbanpopers raburial, cremation, or removal.	NOI	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUS  Conditions, if ony, which gave rise to immediate	JE TO, OR AS A CONSEQUENCE OF	Respirate ration dustula it notive lated to the term rculoris	INAL DISEASE OR CONDITION GIVEN	
1YSCIAN: The law reding physician. is certificate has been burial-transit permit. Mental Hygiene prior at fem 18 shows any at fem 18 shows any	CERTIFICATION	21a, ACCIDENT WAS UNDERLYING 21b	CONDITION FOR WHICH OPERATI	21c. HOW INJURY OCCUR		
by the haspital or attention by the haspital or attention of electron or attention of the properties o	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER MOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED 21e.	IOUR A.M. MONTH DAY YEAR P.M. 19 I. PLACE OF INJURY I HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  ended thy damposed from 19	2H LOCATION STREET	city or Town  1, to 19 death occurred on the date and hour o	COUNTY STATE
BP— TO FUN should b with the IMPORTY		BURIAL, CREMATION, REMOVAL 23b. [23b. [	DATE 10/13/81 23c NAME OF Arbu	CEMETERY OR CREMATORY tus Mem Park	Baltimore, M	aryland STATE
DHMH-16 30M 2/80 (VRA 15, 4)		w Funeral Home 4	l611 Park Heights	Ave. OCT	1 4 1981 Conces	R'S SIGN THRETTERS

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	1	FOR  STATE REGISTRAR		DEPART		ICATE OF D		IENE Ö I	O.	3
y be ge 3 leath			Edward	P.	1	Bulmer		2a. DATE OF DEATH	MONTH D.	3-198
e 4 may	3. SE		4 RACE	hite	5. DATE O		YEAR 1	1		
oth Pog	BIRTHPLACE ISTATE OR FOREN COUNTRY) Maryland 10 CITY OR TOWN OF DEATH  Baltimore USUAL RESIDENCE   IF NUR. 130 STATE		DREIGN 76 CITIZEN	S.A.	2 8	D NEVER M		9 BALTIMORE CITY OR COUNTY OF Baltimore City		
s ofter de	10 (	ITY OR TOWN OF DEA	TH Jenks	HOSMANOT!	NURSING HOME OF OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WI			ION	12b. KIN	
filled in hould be	13a	STATE Maryland		ion, give residence before 13t. CITY OR TON	RE ADMISSION)	13d INSIDE CI	IY LIMITS? NO <b>∏</b>	13e. STREET ADDRESS 6 Frederi	.ck Str	reet
The low requires that the hospital of the hosp	WIDDLE	Bu1me	r		MAIDEN NA IRST <b>nnie</b>	WIDDI€		I I		
e P C		(YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES)			Sr. Gr		ley 1000 Ca		zenue
that the death cert d by the attending p lease remove carbon ial, cremation, or ren or other traumatic ev		Conditions, if any, gove rise to imm couse (a) stating underlying couse	g the DUE TO	OR AS A CONSEQU	JENCE OF	CVA		AILURE		2
As of ser	TIFICATION			SPAS,	Tic	PAR	APLI	INAL DISEASE OR CONI	20b. IF YES,	VEN IN PART  S, WERE FINIFYING CAUSES  COUNTY  19 8 1  22c. DA
ig physici gertificate certificate ental Hyg filem 18 sh		OR CONTRIBUTING C	AUSE OF DEATH HOUR	E OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW INJ	URY OCCURI	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PA	RT 1 OR PART 2
ottendir ter this is the bu h and M	MEDI	WHILE NOT WH	(AT HOME	CE OF INJURY STREET, FACTORY, OFFICE,	FARM, ETC }	211 LOCATIO STREET	N	CITY OR TOV	ΔN	COUNTY
spital ar Spital ar CTOR: Af far use o of Health	MEDICAL CERTIFICATION	sow the decease	(this hospital) attended d alive on 10 - lid) (d d view the ba	.3 19	8/.0	- 70 nd that in (au)	. 19 <u>60</u> eur) opinion	deoth occurred on the do	ote and hour	ond from t
		22b. SIGNATURE	w Fi I	tartman	) M	·U. P	TENDING HYSICIAN	MEDICAL STAP		22c. DA
S P A P A F		122d. PHYLICIANS NA	F. HAA	RTMAN,	M.D.	120 ADDRESS		CATON AV	e-BA	10-1
7 5 5 2 3 ₹	230	BUDDAY CREAMATION I	DEMOVAL TOO DATE	73,	NAME OF	EMETERY OR C	DEMATORY	1234 LOCATION		

N GIVEN IN PART 110 IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES 7 NOF M 18, PART 1 OR PART 2) COUNTY STATE 22a.1 certify that (1) (this haspital) attended the deceased from. (our) opinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 23d. LOCATION 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY STATE COUNTY 10/7/81 New Cathedral Cemetery Baltimore Maryland Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

26 HOL

HOURS

12b. KIND OF BUSINESS OR

Kaiser

21229

MONTHS DAYS

INDUSTRY

BP. DHMH - 16 50M 1/76

(VR A 15 (4))

23a. BURIAL, CREMATION, REMOVAL

Burial

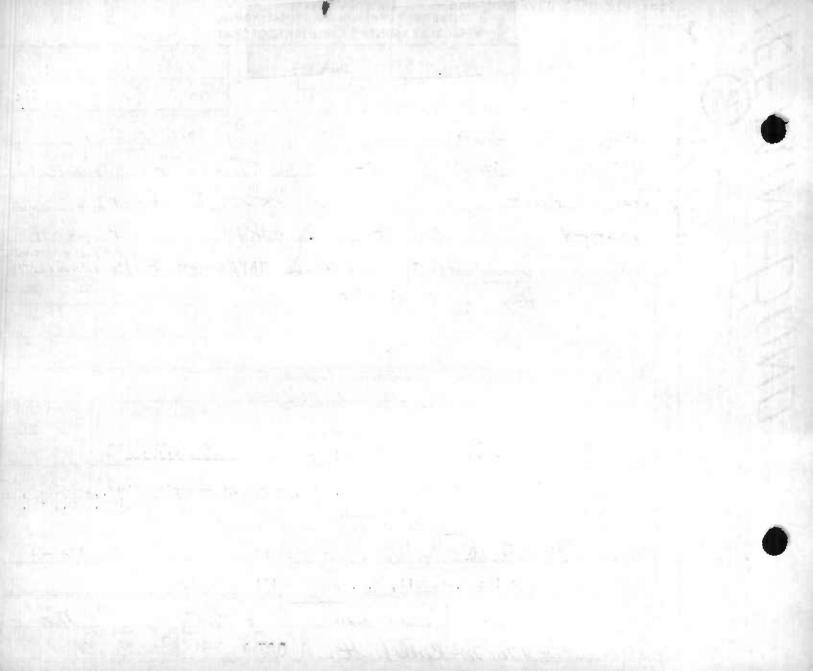
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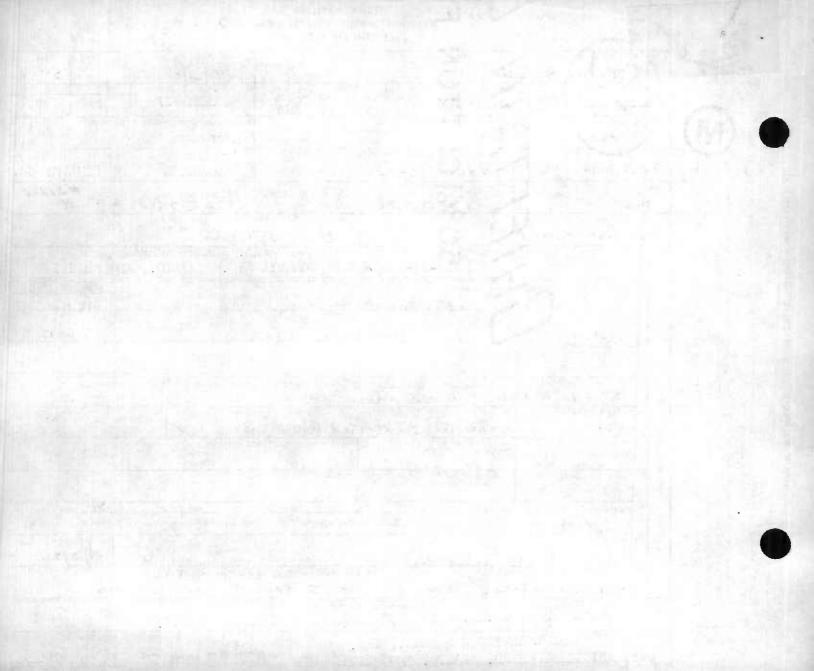
18	1.	FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MEN ICATE OF DEA	NTAL HYGI	ENE 8 1		5 0	9 1
		CEASED NAME FIRST		MIDDLE	ī	AST		20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
2 85	(11)	Marie			Bu	inch			10 20	81	3:20 Am
to 4 may	3 SE	× Female	4. RACE Whit	te	5. DATE C		*6°2	6 AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
		RTHPLACE (STATE OR FOREIGN COUNTRY) and		S.A.	8. MARRIE	NEVER MAR		Baltimore CITY OF	COUNTYO	FDEATH	MD
rs of	10 C	ITY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSINGH FACILITY, GIVE STREET	ADDRESS)		TION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSE MOTH	ON WORKING LIFE	126 KIND C INDUSTRY, Frank	of BUSINESS OR
LAND 21; hin 24 hou ly filled in should be	) 30. 3	AL RESIDENCE (IF NURSING HOME OF TATE  AT HER'S NAME	ROTHER INSTITUTION		E ADMISSION)	13d. INSIDE CITY	0 🗆	130. STREET ADDRESS	gent Sz		21230
MARY makes m		Francis	MIDDLE	Herr		Dora		WIDDLE		Ilac	k
MORE, ond co		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (# YES, G	RMED FORCES?	214-03-0	1903	Mrs. Ja	ulon	205 Hiller	rdale t	Ave. 2	1227
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.  NG PHYSICIAN: The low requires that the death certificate this certificate has been signed by the ottending post the burial-transit permit. Then please remove carbon to at the burial-transit permit. Then please remove carbon and Mental Hygiene permit. Then please remove carbon and Mental Hygiene permit. Then please remove carbon and mental Hygiene permit. Then please and mental Hygiene permit. Then please are move carbon and mental Hygiene permit. Then please are moved or them 18 shows any injury, or other troumatic events.	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	(b)	DR AS A CONSEQUE	ENCE OF	NOT RELATED TO	THE TERMI	NAL DISEASE OR COND	DITION GIVEN	IN PART 1(	01
LRECON THE low re The	CERTIFICATION	190. DATE OF OPERATION	196 CONE	OITION FOR WHICH	OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	20b. IF YES, VIN CERTIFYIN	NG CAUSES	OF DEATH?
ON OF VITAL  TYSICIAN: The dring physicion is certificate h bound-tronsit p. Mental Hygies or frem 18 show	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTHEY MEDICAL EXAMINE 21d. INJURY OCCURRED	ER) HOUR A	OF INJURY M. MONTH D M.  OF INJURY	AY YEAR	21c. HOW INJUR	RY OCCURRI	ED (ENTER NATURE OF INJUR			
DIVISION ING PHY offer this os the but though And A orked or	MEC	WHILE NOT WHILE AT WORK		TREET, FACTORY, OFFICE,	FARM, ETC.)	STREET	(2.9)	CITY OR TOV	/N	COUNTY	STATE
OR ATTENDI or hospital or DRECTOR: A ached for use Dept. of Heal		220.1 certify that (1) Attis has sow the deceased alive or obove (1) well did in a 22b. SIGNATURE  22d. PHYSICIAN'S NAME (1796	n 10 n			DEGREE	r) opinion d	eoth occurred on the do	F		
TO HOSPITAL retorned by the TO FUNERAL should be deter with the Store MPORTANT: I		Yael Yokel	MD			201 E		ersity Park	way		
102 BP	230	BURIAL, CREMATION, REMOVA		- 1 -		edeemer	MATORY Cemet	23d. LOCATION CITY OR TOWN	one Ci-	OUNTY	Wather
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	INERAL DIRECTOR			0		250. DATE	REC'D-BY-TEGISTON	STATE TOWN	SONA	URE

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		Item 21c C	1561 11/20	O/čl dad	STATE	OF MANYLAND LTH AND MENTAL	tivous tel	0 0	: 4 :	0
N	Y	1 - STATE REGISTRAR		MEDICAL		S CERTIFICATE		Ga a	, 0 ,	
X	0	1 DECEASED NAME	FIRST	WIDDLE	EXAMINER	LAST		REG. NO.	DAY YEAR	Zb. HOUR
	Mari 2 F	(TYPE OR PRINT)	Yvonne	Ρ.		Burkett	OF	MATED []		1000
	50E0	3. SEX 4. I	RACE 5. DA	ATE OF BIRTH	6. AGE (IN YEARS	FUNDER I YR. IF UND	ER 24 HRS. 2c. DATE	нтиом	DAY YEAR	2d. HOUR
1	(動展)	Female	Black 2	with day year $27.51$	LAST BIRTHDAY)	AONTHS DAYS HOURS	MIN. PRONOUN DEAD	IO	6 19 81	D: M
	N	FOREIGN COUNTRY).		ITIZEN OF WHAT COU	NITDV2	ARRIED   NEVER MAI	RRIED X 9 BALTIM	ORE CITY OR COUN		
	NAME OF THE PERSON OF THE PERS	Md,		USA	WI	DOWED DIVO	RCED 🗆 Ba	Itimore Ci		MD.
	O CSECTION	10. CITY OR TOWN OF	(	HAME OF HOSPITAL, N	STREET ADDRESS)		120. USUAL OCCUP	PATION (TYPE OF WORK	12b. KIND OF BU OR INDUSTE	SINESS
	S CS P C P C	Baltimor USUAL RESIDENCE (IF		University		STU	Jeac.h	er	Public S	chool
21201	SCIENT STATES	130. STATE	134 SOUNTY		Y OR TOWN	13d. INSIDE CITY LIMITS		ss ,		
MD. 2	SHORT SHORT	14 FATHER'S NAME	I galt	0 1		YES NO	-	UNbrook	Dr	
	DEATH. AGES 1, 2 RM PM 3 T AND 2 OF WITH	FIRST	MIDE		LAST	15. MOTHER'S MAI	11 . /	DDIE	LAST	()
MOR	A O A O A	160. WAS DECEASED E	VER IN U.S. ARMED F	ORCES? 16b. SC	OCIAL SECURITY NO	17. INFORMANT	INY	ADDRESS	urker	7
BALTIMORE,	AFIE NE REPERTED	(YES, NO, OR UNKNOWN	(IF YES, GIVE WAR OF	217	-56-725	1 Me Don	+hVBunton	4 RYH	MADI	ANCT
	WIT WIT	18. CAUSE OF D	EATH (Enter anly ane	cause per line far (a), (		T WHAT DONE	THEORY	I Dalle	APPROXIMATE	
NS	ERW 1	PARTIDEAT	H WAS CAUSED BY:  IMMEDIATE CAI	USE (a) Cer	vical Inj	ury			BETWEEN ONSET	AND DEATH
ESTO	ALC ALC AND A ALC A A A A A A A A A A A A A A A A A	2 8/20	) (	DUE TO, OR AS A CO	NSEQUENCE OF					31211
9.	VITH VCIL NER RAN TAL	gave rise	if any, which to immediate	(b)						
W 10	CAMEN CAMEN	lying cause I	ating the <u>under</u>	DUE TO, OR AS A CO	NSEQUENCE OF					
5, 2	A P E E E E E E E E E E E E E E E E E E	BART 2 OTHER CICNIE	ICANT CONDITIONS CONTRI	(c)						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS ""PENDING" IN PENCIL IN ITEM 18, GINE PAGES 1, 2, AND 3 TO THE FIFE MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 SED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. "HEALTH AND MENTAL HYGIENE, DIVISION OFWITAL RECORDS, 201 W A1, CREMATION, OR REMOVAL."		ICANI CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL D	SEASE OR CONDITION GIVEN IN	PART 1 · a			
2 E	HEALE AND THE	190. DATE OF OP  210. EXTERNAL C UNDERLYING CONTRIBUTING 21d. INJURY OCC WHILE WHILE	ERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED?			20 AUTOPSY?	
IATI/	WORD "PROULD WORD "PROULD BE USED OF HE	DELL							YES X	NO 🗌
OF.	ANEN THE TO BE	210. EXTERNAL C	_	116. TIME OF INJURY	DAY YEAR 21	c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JEY IN ITEM 18 PART 1 OR P.		
NO	STHOUST AND THE STATE OF THE ST	UNDERLYING CONTRIBUTING	CAUSE OF DEATH	19:58P.M. 10	6 1981	chowinjury occur driver in a	uto/auto-co	71-15-164		
IVIS	HIS CERTIING WRITING ARDED TO AGE 3 SHO ATE DEPA 1201 PRIC	ZId. INJURY OCC		21e PLACE OF INJUR STREET, FACTORY, FARM,	ETC.)	LOCATION	City OR TOV	vn ~ co	DUNTY	STATE
٥	FER. THIS CRRIFICATE SHOULD ATE, WRITING THE WORD "P FORWARDED TO THE CHIEF OR, FAGE 3 SHOULD BE USED HE STATE DEPARTMENT OF HE ND, 21201 PRIOR TO BURIAL,		T WORK	highw	ay I	nt. 695, no	rth of Secu	urity Blyd	. Woodla	wn,
	NO.	220. I certily th	nat I taak charge of th	ne remains described ab	ave, held an A	utapsy X, Inspect	tion , Inquiry	and in my	O. Co.,	Md.
	MAN THE CONTRACT OF THE CONTRA	death resulted f	ram: Natural cau	ses . Accident	X, Svicide	, Hamicide	Undetermined ma			
	MAR WAR	ACTUAL	Waso	To Anold	11	ASSISTA	nt	DATE	10-7-	0.1
	EATH SELL	SIGNATURE	1000	and mar h	nu -	_M.D/\331310	MEDICAL EXAM	INER SIGN	ED	51
	COULT A PROPERTY A PRO	EXAMINER'S NA (TYPE OR PRINT)	ME Marg	arita A. Ko	rell, M.D	• ADDRESS	II Penn Str	reet		
	TO MEDICAL EXAMINER: THIS CEL EXECUTE THE CERTIFICATE, WRITIP PAGE 4 SHOULD BE FORWARDEL TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	230. BURIAL, CREMATIO			NAME OF CEMETER	ADDRESS	23d. LOCATION			
	BP	Burial	101	13/81	edar L	ill	DATT.	) col	my ma	V,
	DHMH-17	24 FUNERAL DIRECTO	R	ADDRESS		25a. DAT	E REC'D. BY REGISTRAL	256 REGISTRAR'S	SIGNATURE	
	(VR A15 ME (5)) 15M 2/80	Chatres	U 7/H 1.	701 mc (	ullafo x	tt. 00	T 9 1981	Khane Q	- Moth	





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NITH	DAY	YEAR	196	HOLIB	

	- STATE REGISTRAR	DEPARI		ATE OF DEATH	REG. I	NO.	2	
	DECEASED NAME FIRST	MIDDLE	LAST.		20. DATE OF DEATH	MONTH	DAY YEA	R 2b. HOUR
	TYPE OR PRINT)  ROBERT	A.	BURREI	LL	33.50	10	3 8	1 10:30B
3. 3	SEX	4. RACE	5. DATE OF B	IRTH	6. AGE (IN YEARS LAST B	SIRTHDAY)	IF UNDER 1 Y	
	MALE	BlACK	Mav	16 1914	67	YRS.	MONTHS DA	AYS HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8.		9 BALTIMORE CITY		Y OF DEATH	1
3 V	irginia	ULS.A.	WIDOWED	NEVER MARRIED DIVORCED	Baltimore	City		M
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR C		120 USUAL OCCUPA	TION		D OF BUSINESS OF
-	Baltimore	Veterans Admini	stration	n Medical Ce	nter Cle		Pos	toffice
-13	SUAL RESIDENCE (IF NURSING HOME OR IS STATE MARY Land		VN 13d	I. INSIDE CITY LIMITS? ES 🌇 NO 🗌	1603 Harl	em Ave	nue	
0 14	Samuel A. Burr	MIDDLE LAST	15.	MOTHER'S MAIDEN NA	ME MIDDLE	Midg	ette	LAST
1160	WAS DECEASED EVER IN U.S. AR	E WAD OD DATES		INFORMANT	ADDI			
	Yes NOOR UNKNOWN) (IF YES CIV	2 213 03 8	8631 VA	MC, Clinica	1 Records	Balto	., Md	. 21218
	18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), as	nd (c),)				APP BETW	ROXIMATE INTERVAL EEN ONSET AND DEATH
	PART I. DEATH WAS CAUSE	E CAUSE (0) Cardiar	arrost				sim	ultaneous
1	Conditions, if ony, which	DUE TO, OR AS A CONSEQU	JENCE OF				6 da	45
	gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	DENCE OF DESTRUCT	2 to Prostation			Sev	ieral week
Z		CONDITIONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TERM	AINAL DISEASE OR COI	NDITION GI	VEN IN PAR	[ ](o)
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION W	AS PERFORMED	200 AUTOPSY?	IN CERTI		NDINGS USED SES OF DEATH?
		TH HOUR A.M. MONTH D	AY YEAR	c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	FURY IN ITEM 18	PART I OR PART	2)
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	LOCATION STREET	CITY OR 1	OWN	COUNTY	STATE
		October 3, 19	81 ond th	81 81 (%) (our) opinion	death occurred on the		. 19 <u>81</u> ur and from	, that <b>M</b> (we) lo the causes stated
	226 GIGNATURE L	oldhul mp	DEG	ATTENDING PHYSICIAN [		AFF ICIAN 🛣	22c. D.	ATE SIGNED
	Lawrence G	oldkind m	0 2	e ADDRESS 1900 Loch Ra	ven Blvd.	Balt	o., Mo	1. 21218
230	10. BURIAL, CREMATION, REMOVAL	236 DATE 18/81 23c		ETERY OR CREMATORY				, M DSTATE
24	Mars for A	Larges 63 Fin	91/10	on 34 250 DAT	CT 7 1981	25b. REGIS	TRAPOSIGN	an Wathen

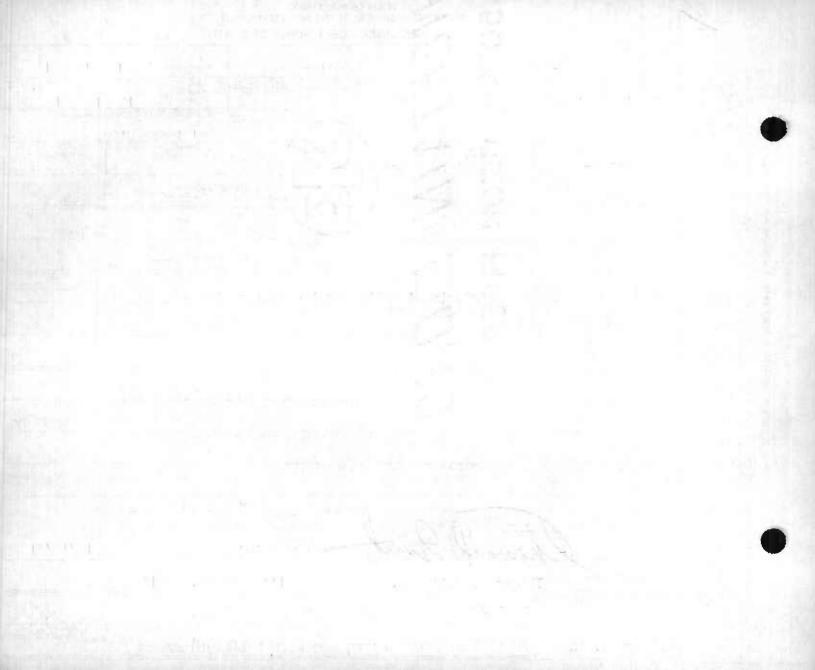
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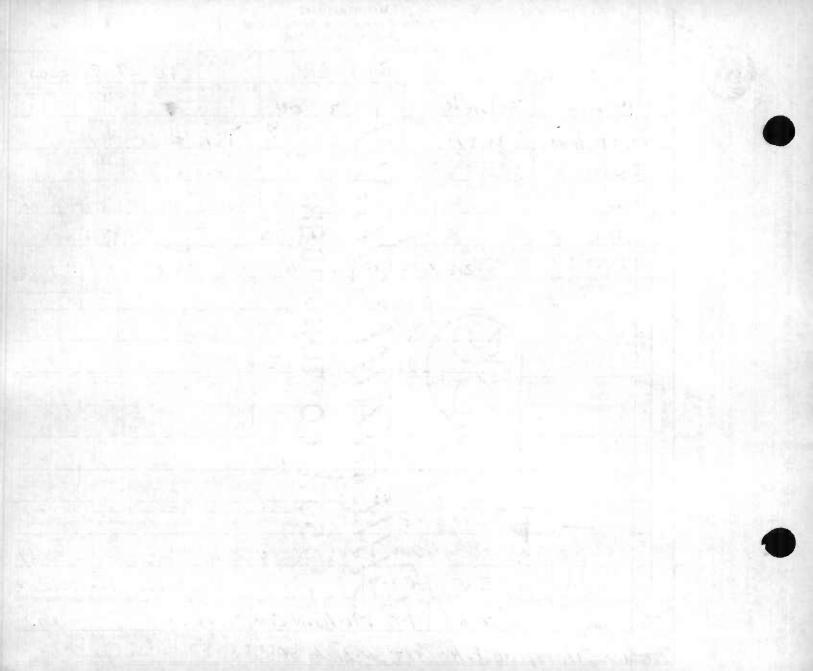
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100	3 SE		1 RACE	SU CT		6. AGE (IN YEARS LAST BIR	OCT 2 81	110
	3 31	FEMALE	in HITE	MONTH 2	DAY YEAR	6. AGE (INTERNATION		AYS HOURS
25	la B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	ITRY? 8	NEVER MARRIED	9 BALTIMORE CITY O	OR COUNTY OF DEAT	н
升	10 6	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		DIVORCED DIVORCED	120 USUAL OCCUPATI	ION 12b. KIN	Doc1
37	7	Saltimore	Henry Ho			Key Punch	operator-	Secur
3	13a S	AL RESIDENCE (	Trore 130 CITY OR	NOOL	136 INSIDE CITY LIMITS? YES NO XXXX	13. STREET ADDRESS	-ovethorn	
	14. F/	ATHER'S NAME	Bac	Timore	15. MOTHER'S MAIDEN NA	ME	0000	KOC.
30		Anthony	Prod-	en	AU qust	MIDDLE .	Peter	SON
5		WAS DECEASED EVER U.S. AR YES, NORUNKNOWN) (IF YES, GIV		SECURITY NO.	ADDRE	**		
1		NO	£16+	20 4619	Frank Burto	n. Husband	Same	PROXIMATE INT
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	4-5	mall cell (	accinomo	_	
G	FICATION .	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF		INAL DISEASE OR CON	DITION GIVEN IN PAR  20b IF YES, WERE FIT	NDINGS US
9	ERTIFICATION	gove rise to immediate cause (o), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING  196. CONDITION FOR W	SEQUENCE OF	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FIN CERTIFYING CAU	NDINGS US JSES OF DE NO
99	CAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING  19b. CONDITION FOR W  21b. TIME OF INJURY HOUR A.M. MONTH	SEQUENCE OF		200 AUTOPSY?	20b IF YES, WERE FIN CERTIFYING CAU	NDINGS US JSES OF DE NO
99	MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING CAUSE OF DEA	DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING  19b. CONDITION FOR W  19b. TIME OF INJURY HOUR A.M. MONTH	G TO DEATH BUT I	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE FII IN CERTIFYING CAL YES THE TEMPER TO THE TEMPER THE TEMPER TO THE TEMPER THE T	NDINGS USI USES OF DEA NO
9		gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  AT WORK NOT WHILE AT WORK  220.1 certify that (1) (this hospi	DUE TO, OR AS A CONS  (c)  ONDITIONS CONTRIBUTING  198. CONDITION FOR W  218. TIME OF INJURY HOUR A.M. MONTH- P.M.  218. PLACE OF INJURY (AT HOME STREET, FACTORY, O)  tol) offended the deceased fi	THICH OPERATION  H DAY YEAR  19  FFICE FARM ETC.)	216 HOW INJURY OCCURI	20e AUTOPSY?  YES NO RED (ENTER NATURE OF INJUI	20b IF YES, WERE FII IN CERTIFYING CAL YES THE YEAR OF	NDINGS US USES OF DEA NO
99		gove rise to immediate cause (a), stating the underlying cause last underlying couse last part 2 OTHER SIGNIFICANT (198 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEALIFY OF COURRED AT WORK NOT WHILE AT WORK AT WORK AT WORK AT WORK OR OTHER OTHER OR OTHER OR OTHER OR OTHER OR OTHER OR OTHER OTHER OTHER OTHER OR OTHER OTHE	DUE TO, OR AS A CONS  (c)  ONDITIONS CONTRIBUTING  198. CONDITION FOR W  218. TIME OF INJURY HOUR A.M. MONTH- P.M.  218. PLACE OF INJURY (AT HOME STREET, FACTORY, O)  tol) offended the deceased fi	THICH OPERATION  H DAY YEAR  19  FFICE, FARM, ETC.)	216 HOW INJURY OCCURI 211 LOCATION STREET , 19	20e AUTOPSY?  YES NO RED (ENTER NATURE OF INJUI	20b. IF YES, WERE FII IN CERTIFY ING CALLYES TO THE MEDIT OF PART OF P	NDINGS US USES OF DEA NO 12)
99		gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER AT WORK NOT WHILE AT WORK AT WO	DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING  19b. CONDITION FOR W  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O)  10) oftended the deceased for the deceased	THICH OPERATION  THICH OPERATION  TO DAY YEAR  19  FFICE, FARM, ETC.)  TO D.	216 HOW INJURY OCCURI	20e AUTOPSY?  YES NO RED (ENTER NATURE OF INJUI	20b IF YES, WERE FII IN CERTIFYING CAL YES THE YEAR OF	NDINGS US USES OF DEA NO
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	K		FOR			DEPARTMENT OF	HEALTI	H AND MENTAL H	YGIENE	É	2 5	/ U	J
	.~	1-	STATE REGISTRAR		MEI	DICAL EXAMI	NER'S	CERTIFICATE C	F DEATH	REG.	NO		CO.H
			CEASED NAM	E FIRST		WIDDLE		LAST	2a. D.	ATE KNOWN		DAY YEAR	Zb. HOUR
	32 × × × × ×	(TYF	E OR PRINT)	Berth		L.		utlon	(	OF ESTI-		1719 8	
	PLEASE ECTOR. FILES. COURS REET,	3. SEX	(	4. RACE	5. DATE OF BIRTH	6. AGE (IN		Sutler NDER 1 YR. TIF UNDER		DATE	нтиом	DAY YEAR	
	A SECOND			D.L. 1	12 1	YEAR LAST BIRTS	DAY) MONT		MIN PRON	OUNCED	1.0		10:30
	SOFTEM )		emale	Black	7b. CITIZEN OF WI	14	YRS.			LTIMORE CITY	10	8 181	Рм
	初号	FC.	REIGN COUNTRY)			TAT COUNTRY?		IED NEVER MARR	IED 🗗		_	7.74	
	Z = 1	10.6	Md		USA			VED DIVORC	ED B	altimor	e City		MD.
	SEGEN C	10. C	TY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NURSING HO	ME, OR OTH	HER INSTITUTION		CCUPATION (	TYPE OF WORK	12b. KIND OF B OR INDUS	USINESS TRY
	DS 20		Baltir	nore	412 0x	ford Court		No. of Congress of the Congres					
6	F ANY DELA 2. AND 3 TO 3. RETAIN P SHOUD BE URECORDS.	USU/	AL RESIDENCE	(IF IN NURSING HOME O		13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET A	DDDESS			
21201	₹ ¥ E Ç B		Md			Baltimore		YES X NO		exford	Ct		
MD.	the state of the s	14 F	ATHER'S NAME	M.L. L. L. L.				15 MOTHER'S MAIDE					
	THE WAR SON		FIRST		MIDDLE	KIng		Grace		MIDDLE		Butler	
NO.		16a. V	VAS DECEASE	DEVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECUR	ITY NO.	17. INFORMANT		ADDRE		Ducici	
BALTIMORE,	E SESS SESS SESS SESS SESS SESS SESS S	()	es, no, or unkno <b>No</b>	(IF YES, GIVE	WAR OR DATES)	N/A		Frances No	201 101	57 Fore	et Dri	170	
~	WIT PA							Trances in	JEL 19.	) LOIE	SC DIT	APPROXIMA	
ST.,	MAT.		PART I DE	ATH WAS CAUSE	lly ane cause per line D BY:							BETWEEN ONS	ET AND DEATH
PRESTON ST	A LENGTEN		IMMEDIATE CAUSE (a) Arteriosclerotic cardiovasuclar disease										
STC	NA PER		700	10	DUE TO, OR	AS A CONSEQUENC	E OF						
2	A A A A A A A A A A A A A A A A A A A	-		ns, if ony, which se to immediate	(b)								
` ≥	NA SER		couse (o)	stating the under-		AS A CONSEQUENCE	OF						
201	E X X X X		lying cau	se last.	(6)								
DS.	A A I I		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL DISEAS	SE OR CONDITION GIVEN IN PA	PT 1 (a)				
DIVISION OF VITAL RECORDS, 201 W.	FINIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER E. WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PARWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH TORE PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. PAGES 15. ATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DINSION, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Z			71777								
Ä	PEN	CERTIFICATION	19a. DATE OF	OPERATION	19h CONDIT	TION FOR WHICH OP	FRATION V	AS PERFORMED?				20. AUTOPSY	/2
. ₹	SA PUSE TO SE	5.											
>	WOR WOR BEINT	1 5	210 EXTERNA	L CAUSE WAS	21b. TIMÉ OF	INITIDY	21. 1	OW/INJUING OCCURRE	FA FAIRER ALL YORK	25 111121 21 25		YES .	NO X
Ö	A H S W S		UNDERLYING	OR	HOUR A.M	MONTH DAY YE	AR ZICH	OW INJURY OCCURRE	D (EMIEK MAIDKE	OF INJURY IN ITEM	18 PART I OR PA	RT 2)	
ō	FEDGASO	MEDICAL		NG CAUSE OF									
N N	GERTIF TING 3 SHC DEPAR 1 PRIO	AB I	21d. INJURY C	NOT WHEE		OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION STREET	CITY	OR TOWN	co	UNTY	STATE
۵	HIS WRI	1	AT WORK	NOT WHILE C					Ciii	OK 10 1111		O. C.	JIAIC
	RE, THE, RW.		220 1		44	gribed above, held an	W		n 🔲, Inc				
	A S S S E S S S S S S S S S S S S S S S		-	,	and the second second	Dea above, hera on	Autop			,	and in my ap 1	oinian	
-	SYLE BENEFIT		death result	ed from:	roje ovses XXI.	Moderny 4	well	, Hamicide,	Undetermine	ed monner	,		
	SE S		ACTUAL	(1)		11 4	1	TITLE (SPECIFY)	inf		DATE	10/19/	101
	¥ESZE"	1	SIGNATURE,	KA	roway	1/100	8 N	Deputy Ch	ief MEDICALI	XAMINER	SIGNE	D_10/19/	01
	NE S A S	1	EXAMINER'S	NAME -							Ta Ita		
	A COR SERVE		(TYPE OR PRI	VT) T	Thomas D.	Smith, M.	).	ADDRESS	Penn S	t. Bai	to., 1	4D.	
1-7-	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23a.B	URIAL, CREMA	TION, REMOVAL 2		23c. NAME OF C			23d. LOCATI	ON	cou	ely i	TATE
110	BP		Burial		10/21/81	Mt Au	burn	Cemetery		imore		N	kd
	D. 111111 17		UNERAL DIREC					25a. DATE	REC'D. BY REGI	STRAR 256 RE		IGNATOR TA	in
	DHMH - 17 (VR A15 ME (5))	Wi	lliam (	. March	F/H 1101	E. North A	venue	רחח	12019	81 Pass	cas y	the surfer	
	15M 2/80								100	0. 4.	-		



-5	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 3 1	25/04
(M)	(TYPI	CEASED NAME FIRST		BUTLER		MONTH DAY YEAR 26 HOUR 5,40A M
oge irrections of the contraction of the contractio	3. SE	Male	RIDER	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR	MONTHS DATS HOURS MIN.
deoth. Pe	2	MARYLAND	TO CITIZEN OF WHAT COUNTRY	MARRIED   NEVER MARRIED	Balt	R COUNTY OF DEATH
in by the fee filed with		Ralto	BEN SECON	or 14650	TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUSTRY
filled ould b	13a. :	ALTRESIDENCE (IF NURSING HOME OR C STATE 13b. COUN'	OTHER INSTITUTION GIVE RESIDENCE BEFO TY 13 CITY OR TO	YES DE NO [	28231	w. Mulberry 5+
completely concerns of xeminer	1	JOHN	AIDDLE BUT	er Octavi	MIDDLE	5MB Widen
be exec		VAS DECEASED EVER IN U.S. ARM YES. NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC WAR OR DATES) Z12-/2-	1024 Rosle Wi	11	23 w. Mulbers
g physics son poper removal.		PART I. DEATH WAS CAUSED	y one couse per line for (o), (b), o D BY: E CAUSE (o)	reumonia		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the death ce by the attending se remove corbin cremation, or remote other troumotic		Conditions, if ony, which gave rise to immediate	DUE TO, OR AS A CONSEOU	Deyelration		
+ 500 2		couse (o), stofing the underlying couse lost.	DUE TO, OR AS A CONSEOU	mill denent	tia	
equire n signe Then p r to bu injury,	TION			DEATH BUT NOT RELATED TO THE TE		
he le los hos to per to	CERTIFICATION	190. DATE OF OPERATION		HOPERATION WAS PERFORMED	20a AUTOPSY?  YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
physicians: T ending physici this certificate he buriol-tronsi nd Mentol Hygi dor Item 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR	JRRED (ENTER NATURE OF INJU	RY IN ITEM TB PART I ORPART 2)
	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	cm outo	COUNTY STATE
TTC for soft of the soft of th		220.1 certify that (I) (this hospital sow the deceased alive on above, (I) (we) (ata) (did not	10/26 19		on death occurred on the de	, 19 , that (l) (me) lost one and hour and from the causes stated
TAL OR A  y the hos RAL DIREC detoched fote Dept. VI: If Item		226 SIGNATURE KUCK	ny - yen Ho		MEDICAL STA	
TO HOSPITAL OR A retoined by the hos TO FUNERAL DIRECT should be detoched with the Stote Dept. IMPORTANT: If Item		22d PHYSICIAN'S NAME (TYPE OR	-YEN H	UANG 200 ADDRESS BOI	v Sleo	un Hospital
BP		BURIAL, CREMATION, REMOVAL	23b. DATE 23c		EM RIOWH	
VRA 15, 4)	24 F	UNERAL DIRECTOR	DSON F. W. ADDRESS		OCT 3 0 1981	25b. PEGISTRAR'S SIGNATURE



FOR STATE

		TEACED MANAGE									
1		CEASED NAME	FIRST		WIDDLE	0	AST 1	20 DATE OF DEATH	MONTH	DAY YEAR	2b.
/III			uth.		V.	D.	otter	1	0/1	2/81	5
1	3 SEX			RACE		5. DATE C	DAY / YEAR	6 AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DATE	IF U
	3- DI	Female		Neg		10	/ 12/ 25	56	YRS.		
2	-FU BI	RTHPLACE (STATE OR F	FOREIGN	USA	WHAT COUNTRY?	MARRIE		9. BALTIMORE CITY	OR COUN	TY OF DEATH	
	10 CI	Maryland  IY OR TOWN OF DEA	ATH		HOSPITAL NURSIN	WIDOWE	D DIVORCED DIVORCED	Baltin		12b, KIND	25.01
22	1	Baltimore		(IF NOT IN SUC	ch Facility, give street A	DDRESS)		(TYPE OF WORK FOR MOST	OF WORKING	LIFE) INDUSTRY	JI 50
	USUA	L RESIDENCE (IF NURS	ING HOME OR	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)		Domesti	.C		_
32	-	arvland	Tall		Oxford	7	13d. INSIDE CITY LIMITS?	Box 271			
		THER'S NAME		MDDLE	LAST		15. MOTHER'S MAIDEN NA	ME			
DU		John		NODIE	Bishop		Nettie	MIDDLE		Bro	ok
_		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECUI		17 INFORMANT	ADDR			
2		no			216-16-4	368	Beuna Bisho	p Box 145	5-B I	Lusby, M	ld.
		18 CAUSE OF DEAT	H Enter anl	y one cause per	r line far (a), (b) and	l (c)				BETWEEN	ONSE
5		PART I. DEATH W	AS CAUSED	BY:	0 11	1	+				
		11 -0	IMMEDIAT	CAUSE (a)	Cardior	INON	J 0 65 45 1				
		1 - 3 6 4			J		,				
		1021									
		1621		DUE TO, O	R AS A CONSEQUE						
		Canditions, if any,		DUE TO, O	R AS A CONSEQUE		ien				
		gave rise to imm	mediate	(b)_	175	tens	ilon				
		gave rise to imm cause (a), statin	mediate ng the	(b)_	OR AS A CONSEQUE	NCE OF					
		gave rise to imm	mediate ng the	(b)_	175	NCE OF	ion				
		gave rise to imm cause (a), statin underlying couse	mediate ng the last	(b)	PRAS A CONSEQUE	NCE OF		NINAL DISEASE OR CON	IDITION G	IVEN IN PART 1	0
	NOI	gave rise to imm cause (a), statin underlying couse	mediate ng the last	(b)	PRAS A CONSEQUE	NCE OF	neer	MINAL DISEASE OR CON	IDITION G	IVEN IN PART TO	0
, kind	ATION	gave rise to imm cause (a), statin underlying couse	nediate ng the last NIFICANT C	DUE TO, O	PRAS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	20b. IF Y	ES, WERE FINDI	NGS
	FICATION	gave rise to immocause (a), stating underlying couse  PART 2 OTHER SIGN	nediate ng the last NIFICANT C	DUE TO, O	OR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	20s AUTOPSY?	20b. IF Y	ES, WERE FINDI	NGS OF
	RTIFICATION	gave rise to immodule course (o), storing underlying course PART 2 OTHER SIGN	nediate ng the last NIFICANT C	(b)	ON AS A CONSEQUE VINION FOR WHICH	NCE OF	NOT RELATED TO THE TERM	206 AUTOPSY?  YES NO	20b. IF Y	ES, WERE FINDI	NGS S OF
9	CERTIFICATION	gave rise to immocause (a), stating underlying couse  PART 2 OTHER SIGN	nediate ng the last NIFICANT C	DUE TO, O  (c)  ONDITIONS CO	OR AS A CONSEQUE  ONTRIBUTING TO D  OTTOM FOR WHICH OF	NCE OF CAY	NOT RELATED TO THE TERM	206 AUTOPSY?  YES NO	20b. IF Y	ES, WERE FINDI	NGS OF
9	AL CERTIFICATION	gave rise to immediate to couse (o). Softing the couse (o). PART 2 OTHER SIGN 190. DATE OF OPERAL (OR CONTRIBUTING CONTRIB	TION  DERLYING CAUSE OF DEAL	DUE TO, O  (c)  ONDITIONS CO  19b. COND	ON AS A CONSEQUE VINION FOR WHICH	NCE OF CAY	NOT RELATED TO THE TERM	206 AUTOPSY?  YES NO	20b. IF Y	ES, WERE FINDI	NGS OF
9		gave rise to immodule couse (o). Stating underlying couse  PART 2 OTHER SIGN  190. DATE OF OPERA  210. ACCIDENT WAS UND OR CONTRIBUTING (FEITHER NOTIFY MEDIC	MEDICANT C	DUE TO, O  Icl  ONDITIONS CO  19b. COND  21b. TIME C HOUR A. P.	OR AS A CONSEQUE  ONTRIBUTING TO D  OTHER WHICH OF THE	NCE OF CAY	NOT RELATED TO THE TERM  WAS PERFORMED  21c HOW INJURY OCCUR	206 AUTOPSY?  YES NO	20b. IF Y	ES, WERE FINDI	NGS OF
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

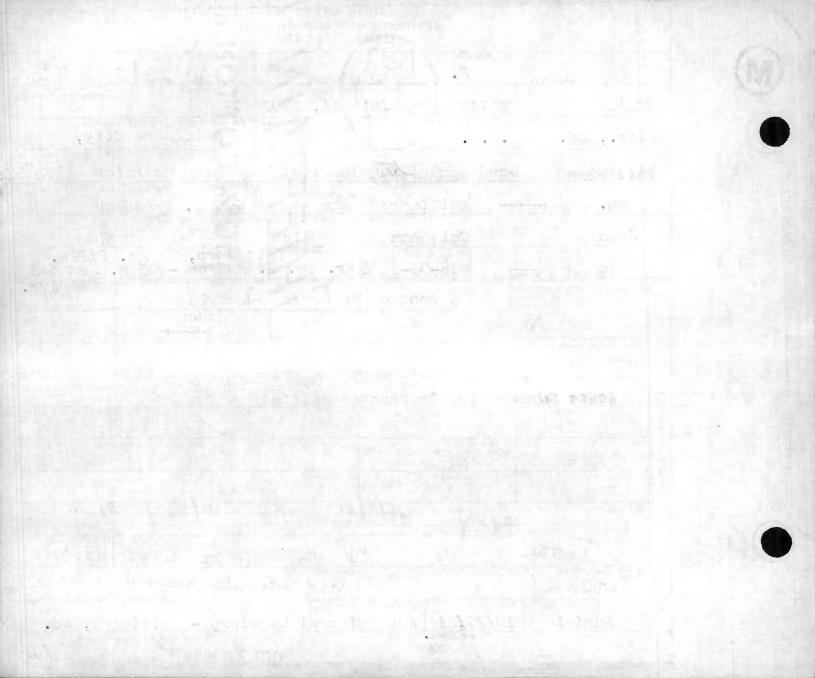
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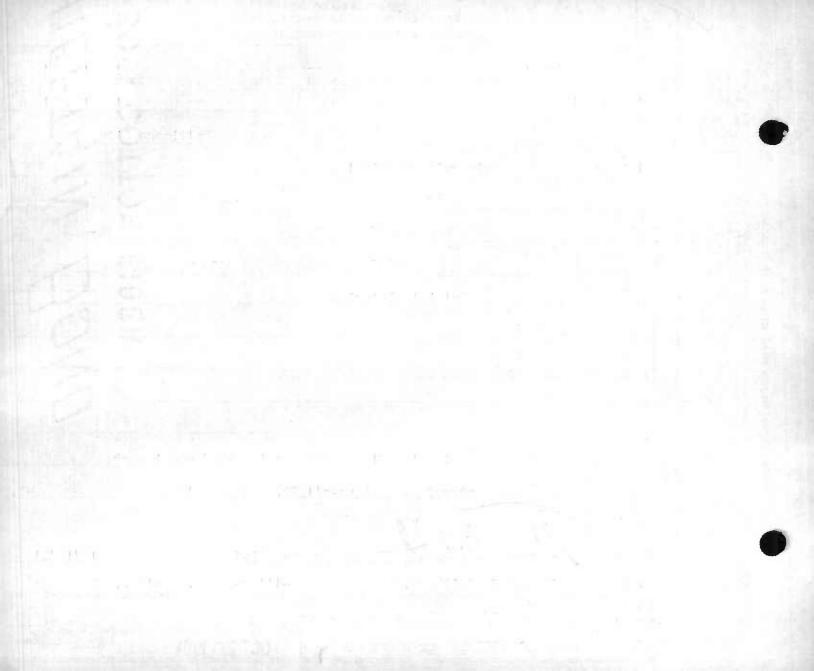
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ST., BAL striftcate g physicic on poper emoval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	ED BY:	Λ	rest			PROXIMATE INTERVAL VEEN ONSET AND DEATH
DIVISION OF VIT AL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or after this certificate has been signed by the attending physician and campletely filled in by as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled in the and Mental Hygiene prior to burial, cremation, ar removal.  On the 18 shows any injury, or other traumottic event, the medical examinet must be accorded or them 18 shows any injury, or other traumottic event, the medical examinet must be accorded.		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last	DUE TO, OR AS A CON:	mary	Artery 1	)isease		
RDS, 201 equires the signed Then plece re burial injury, or	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT NO	OT RELATED TO THE TERM	AINAL DISEASE OR CONDI	TION GIVEN IN PAR	T 1(a)
At RECOI	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATION V	VAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED USES OF DEATH? NO
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DING PHYS or oftendin After this c se as the bur oith ond Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C		I LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTEND spitol o CTOR: /		22a. I certify that (1) this hasp naw the deceased alive a above. (1) we have a fair	200 0 - 0		hat in (my) (our) opinion	deoth occurred on the dot	e and hour and from	, that (I) (we) ast the couses stated
OR A		276. SIGNATURE	The Tha	-M.	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIA	-/ 11	DITICI
TO HOSPITAL Cretoined by the TO FUNERAL Eshould be detoc with the State DIMPORTANT: If		22d. PHYSICIAN'S NAME (TYPE	hatham	,	4940 Eas	tern Ave	Baltin	norg. Mo
BP		BURIAL, CREMATION, REMOVA SPECIFY) Burial	10/21/81	Crowns		23d. LOCATION CITY OF TOWN Crownsvi		Maryland
DHMH - 16 50M 7/77 (VR A 15 (4))		UNERAL DIRECTOR Duda 922 Wise Ave		lk, MD.	UC.	T 20 1981	Sh. REGISTER'S SIGN	Nathen

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James 4 Coldwell 15 MOLE Come , is 20 26



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21201	SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY DR. "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5. USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILLD, OF HEATH AND MENTAL HYGIENE, DIVISION OK VITAL RECORDS, 201 URIAL, CREMATION, OR REMOVAL.	USUAL RESIDER 130. STATE Md	NE (IF IN NURSING HOME)	OR OTHER INSTITUTION,	13c. CITY	OR TOWN		13d. INSIDE C			EET ADDRE		Road	Glen	Burn	nie
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E.	ESE STORY	Robert		MIDDLE	Pend	lergraff		Ann	nie			AIDDLE	C	arver		
WO	PAG ORN	160 WAS DECE	ASED EVER IN U.S. AR	MED FORCES?	16b. SO	CIAL SECURITY	NO.	17. INFORA	THAN			ADDRE				
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DIVISION OF VITAL RECORDS.	BE EXECUTED OF THE PROPERTY OF		IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT RELA	ATED TO THE TERMIN	IAL DISEASE	OR CONDITION	N GIVEN IN PA	ART 1 (a).						
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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CRRITIFICATE, WRITING THE WORD."P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	death r	esulted from: Naju	rel causes .	Accident	X / Suic	ide .	, Hamic	ide .	Undet	ermined m	anner _	],			
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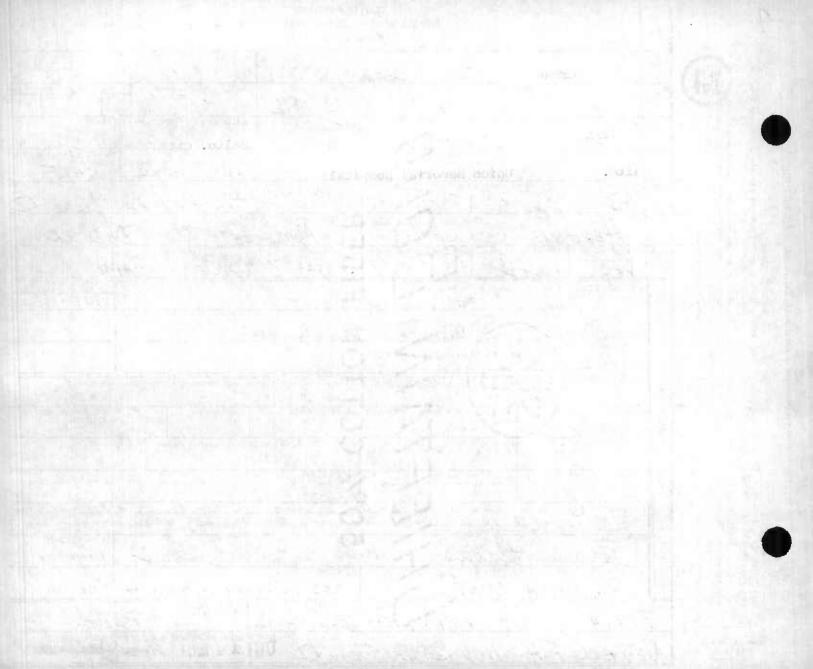


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	-	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
be ge 3		DECEASED NAME FIRST TYPE OR PRINT! Fried	la A.	Campbell	20. DATE OF DEATH WONTH	5.34P
Po po	3.	SEX	4 RACE	5. DATE OF BIRT	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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(M)	6"	Bult .	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH EACHITY GIVE STRE	ING HOME OR OTHER INSTITUTION	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSEWife	12h KIND OF BUSINESS OR
	10		R OTHER INSTITUTION GIVE RESIDENCE BEFOR		1	1
or Za	S	MAIL	timore Dunda	1k YES NO 🕱	31 25 Cell	city PKNY
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and open	2		of walking names		700KES Z 3 I ]	L Searles Rd.
4 01 4	-	NO			ampbell Balt	
ficeh propri tovol			nly one couse per line for (a), (b), c ED BY:	and ice	uno et	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Carl Carl Carl Carl		1 C G IMMEDIA	TE CAUSE (a) CATCITU	memmany a	Ned	
tend te co an, o		(0)(0)	DUE TO, OR AS A CONSEO	UENCE OF		
e of semov		Conditions, if any, which gove rise to immediate	(b) 1000 (c)	ele aamoun	unung	
by the solution of the solutio		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEO	Atober to uto	1) Witwest May	/
ned no plea		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERA	MIN AL DISEASE OR CONDITION GIV	EN IN PART 1(o
r to k	2					
ow re	T GEO TIEL CATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		S, WERE FINDINGS USED YING CAUSES OF DEATH?
The loon.	∐				YES NO YE	NO [
hysica ficote fronsit 1 Hygi			216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	PART - OR PART 2)
SICL ng p certs prial- tento	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	B:346.9. 10	3 1987 7	H.	
G PHY attendi er this s the bu and M	1	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM ETC ) 211 LOCATION STREET	CHY OR TOWN	COUNTY STATE
Aft Aft aft and a month			ital) attended the deceased from			19, that (I) (we) last
pitol potol for u		sow the deceased alive on	19.	, and that in (my) (our) apinion	death occurred on the date and hou	r and from the causes stated
OR A per hos DIRECT DIRECT DEPT.		22b. SIGNATUR	2 / C	DEGREE	1	THE DATE SAGNED
AL Date Date Date Date Date Date Date Date		1 2.41/	eudmi!	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	10/4/11
HOSPITAL ined by th FUNERAL wid be det h the State	1	270. PHYSICIAN'S NAME SYPE	OR PRINT)	22e ADDRESS	a 11 - 1	DA4 11
TO HOSPITAL (retoined by the TO FUNERAL Eshould be detoined with the State ElliphoPRIANT: If		L.K. PE	NEDU	UTIH	1808DI TW	Kalt
of Trans	23	BURIAL, CREMATION, REMOVAL	. 23b DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP		Burial	10/6/1981	Baltimore Nation	al Baltimore	Maryland
DHMH - 16 50M 1/B1	24	FUNERAL DIRECTOR Duda-	Ruck, Inc.	25e. DA		RAR SIGNATON Them
(VRA 15, 4)		7922 Wise Aven	ue Dundalk	, MD. 21222   00	T 6 1981 Counce	6 Jan must

District of the words of the state of the state of THE THE PROPERTY

THE PART OF THE PA and the state for animal series and

(VRA 15, 4)



ADDRESS 90

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

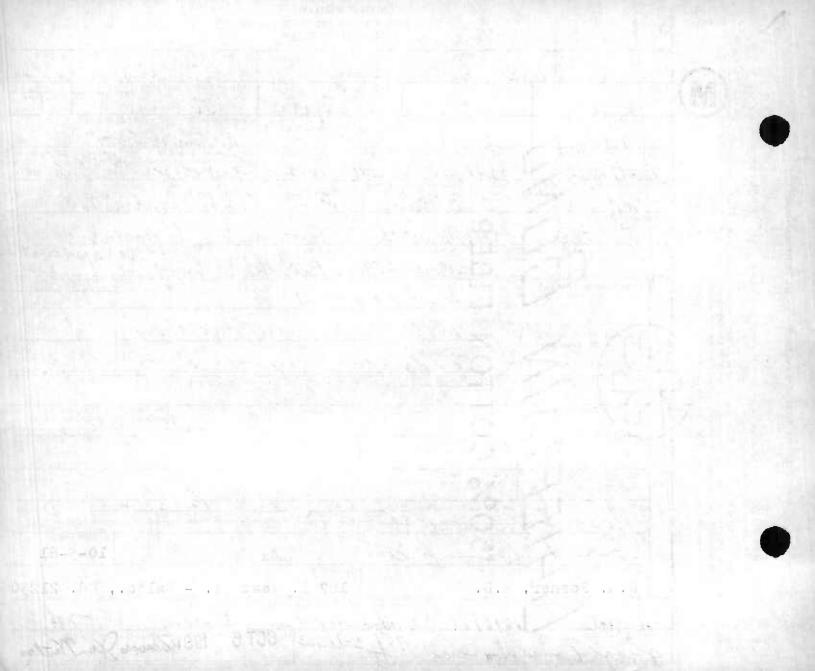
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DHMH-16 30M 2/80 (VRA 15, 4)

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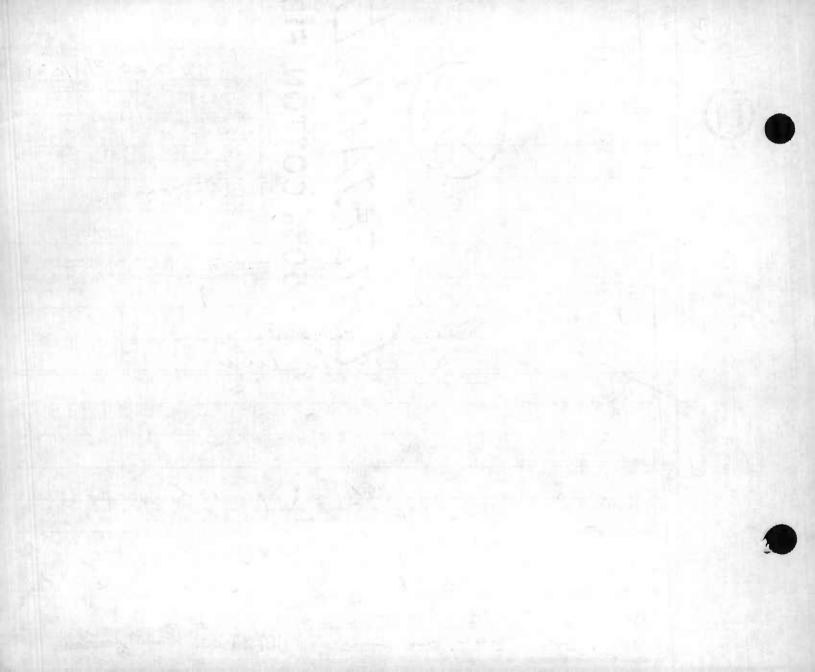
Tx - all first slam i AT 2 m Coo and the second Homercaker 1 Own Body Andrew Charles Charles H. Eck cilluc Ary words Wrs. James sollars, Kingwills, Mel. 10/25/01 Dulines Valley Bilto. Courty, \_ Ma I jak Hanny W. Jan ing & Son Co. -805 York Road Baito., wd. 11113

DHMH - 16 50M 1/81

(VRA 15, 4)

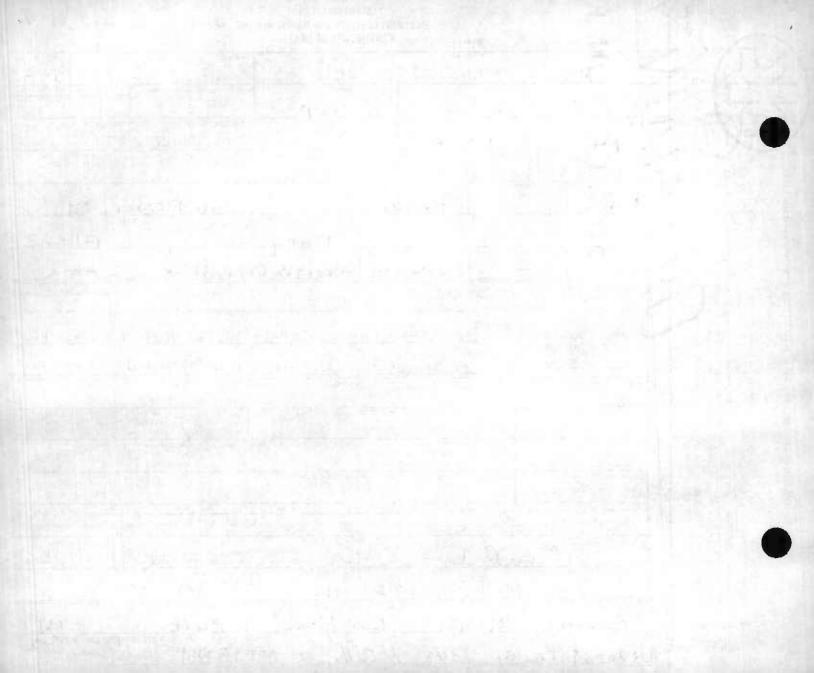
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2n DATE OF DEATH 26 HOUR TYPE OR PRINT eresa 10.30AM 3. SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 1913 black 68 female STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore city USA C. N. WIDOWED IQ CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Bon Secour Hospital Baltimore JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 503 N. Calhoun Street 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Md Baltimore 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ALIDDIE LAST Boykins Lillie Cobbs Sack E. 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES! Marcella Merrick 32 N. Smallwood Street N/A No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c dioperale Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2 It. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME STREET, FACTORY OFFICE, FARM ETC NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on above, (1) (ma) (did) (did not view the bady after death. and that in (my) (sort opinion death accurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE Th. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 10/24/81 Mt Auburn Cemetery Baltimore Md 24 FUNERAL DIRECTOR DABY REGISTRAND MEDISTRAN SIGNAL TRE William C. March F/H 1101 E. North Avenue

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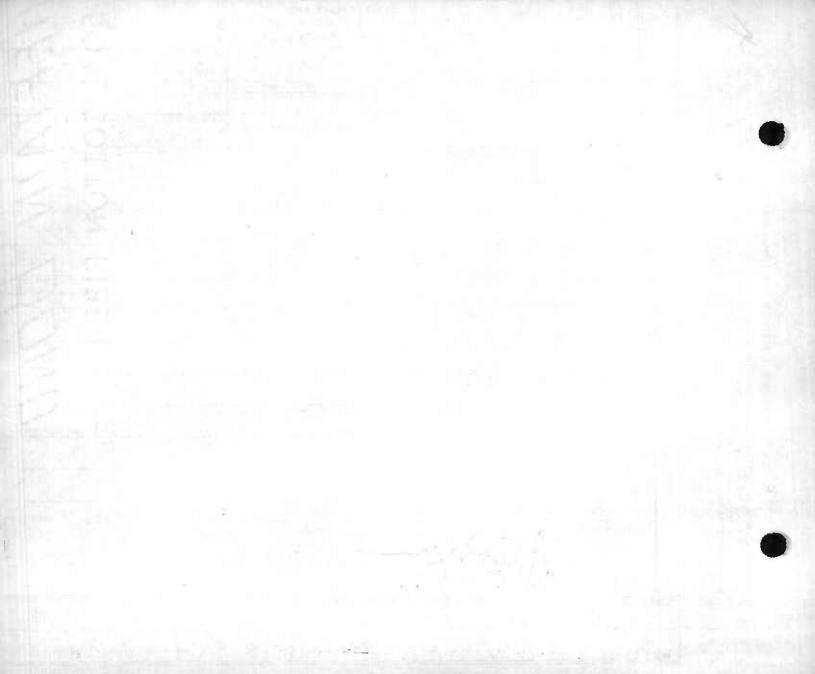


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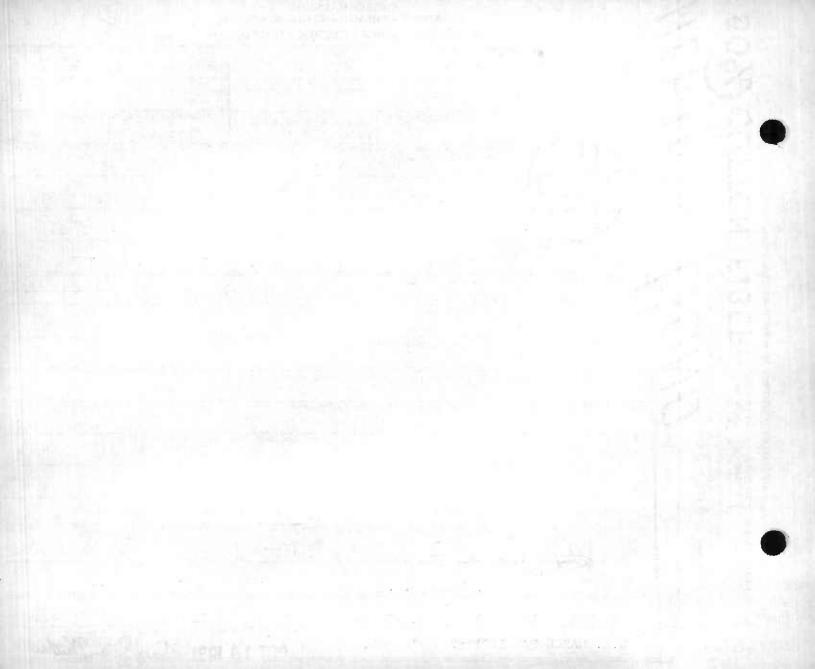
Long the Things City Ferende 23/7 di a Herry paker Both PAIR. X HYIS TYUE STARLE FILE maker of 19 Epiles Opeile Paples Saller 121/4 313 crosso Tros Florence Cosk, all 4800 hacely Every 10-14-51 Great form Con Safe willen willen Joseph L. Kuss 2000 b. wolflight at 1 200



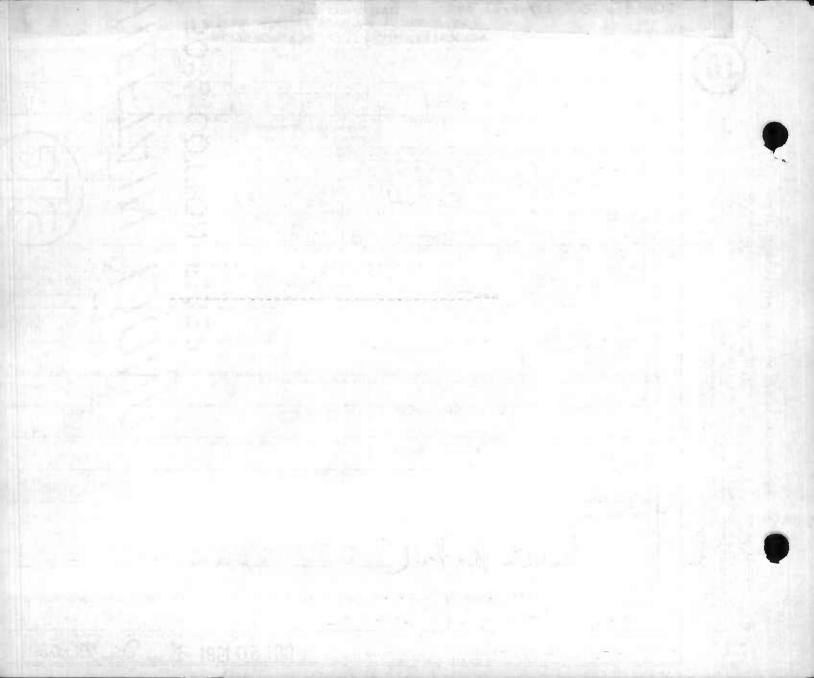
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1.	- STATE REGISTRAR			MEDICAL					4	н	REG. N	d= =		1	0
	ECEASED NAME	FIRST		WIDDLE		ı	AST				(NOWN	_	DAY	YEAR	2b. HOUR
IT	YPE OR PRINT)	ANNIE				(	ARTER	2		OF DEATH	ESTI-	□ 10	1 1	81	
3. SI	EX 4. R	ACE	5. DATE OF B		6. AGE (IN YEA	RS IF UND		IF UNDER 24				MONTH	DAY	YEAR	2d HOUR
	female	negro		17 22	LAST BIRTHDA	· Morania	DAYS	HOURS M	MIN PRO	ONOUN	CED	10	1.	. 81	11:48
70.	BIRTHPLACE (STATE		10 76. CITIZEN O	17 22 OF WHAT COU	S8YR	8			9.1		ORE CITY		TY OF DE	,	3 M
7	FOREIGN COUNTRY)		US	7 7		WIDOWE		VER MARRIED DIVORCED		Ral t	imore	e Cit	V		
10. 0	S. C.	DEATH	11. NAME OF	HOSPITAL, NU	IRSING HOME				2a USUAL	OCCUP	ATION IT	YPE OF WORK	12b. KIND		
	Baltimore		110	uch facility, give:		Apt.	2 F		FOR MOS	T OF WORK	(ING LIFE)		OR II	NDUSTR	Υ
USU	JAL RESIDENCE (IF IN	I NURSING HOME O	OR OTHER INSTITUTI	ON, GIVE RESIDENC		ON)	13d. INSIDE CI		3e. STREET				1	M	
30.	Md	138. COON	11		ltimor		YES E	NO [	1101		SLEAN	IS St	t Apt	. 2	F
	FATHER'S NAME		WIDDIE				IS MOTHE	R'S MAIDEN			DOLE				
	Fayette		MIDDLE		boot		Gert	rude		me	DOLE	W	the	rspo	oon
160.	WAS DECEASED EV		MED FORCES?		CIAL SECURITY	NO.	17. INFORM		<b>a</b>		ADDRES	S Door		J 7\-	
L	(YES, NO. ORUNKNOWN)			21.	2-20-3	948	Paul	ette	Cart	cer	3000	Dei	1WOO	J A	venue
	18 CAUSE OF DE	ATH (Enter and	ly one couse pe	er line for (a), (b	), and (c).)								APPR BETWE	OXIMATE EN ONSET	INTERVAL AND DEATH
	1100		TE CAUSE (o)_		cinoma		ıng								
	16 of	if any, which	DUE TO	O, OR AS A CO	NSEQUENCE C	)F									
USU 130.	gove rise	ta immediate	(b)_								41.1				
	lying cause lo	ting the <u>under-</u> ost.	DUE TO	O, OR AS A COI	NSEQUENCE C	)F									
	PART 2 OTNER SIGNIFI	CANT CONDITIONS	(c)_	DEATH BUT NOT BEI	ATER TO THE TERM	NAL BICCACO	So couperio	A CHIEN IN BASE I							
Z	THE STORY	CART CORDITIONS	CONTRIBUTINO TO	DEATH BUT NOT KEE	ATED TO THE TERMI	MAL DISCASE	OK COMPILION	N GIVEN IN PART I	1 100		Y.				
ATA	19a. DATE OF OPI	ERATION	19b. CC	ONDITION FOR	WHICH OPER	ATION WA	AS PERFOR	MED?					20. AU	TOPSY?	
기 을													YE	s 🗆	NO X
CERTIFICATION	210. EXTERNAL C			AE OF INJURY	DAY VEID	21c. HO	W INJURY	OCCURRED	(ENTER NATI	URE OF INJU	JRY IN ITEM 1	8 PART I OR P			
	UNDERLYING CONTRIBUTING	OR CAUSE OF D	DEATH	P.M.	DAY YEAR										
MEDICAL	21d INJURY OCC	URRED	21e PL	ACE OF INJURY	(AT HOME,	211 LOC	ATION								
1 2	WHILE AT WORK	T WHILE [	]   STREE	I, FACTORT, FARM,	10.)	311	RECI		C	ITY OR TOW	/N	C	OUNTY		STATE
	22a. Loertify th	at I took chara	e al the remain	ns described abo	ove held on	Autopsy	,	Inspection	X .	Inquiry		and in my o	nunian		
	death resulted fr		ol couses	. Accident		cide .	Hamic		Undeterm			,	pinion		
	5200175			20			TITLE (SI								175
	ACTUAL SIGNATURE	1	MU	XX		M.		istant	_MEDICA	IL EXAM	INER	DATE	ED1(	)-2-	81
	EXAMINER'S NA	d	1 M	Divod	M.D.			111	Penr			0.01			
4	(TYPE OR PRINT)	NE 7	un M.	Dixon,	M.U.	A	DDRESS_	1 1 1	1 6111	1 51,					
23a.	BURIAL, CREMATION				NAME OF CEM				23d. LOCA CITY OR T	OWN	7	el Co	INTY	ST	Md
14	Buria FUNERAL DIRECTOR		10/6/8	81 C	edar F	Hill					runde				Ma
-	NAME			DDRESS				250. DATE REC	- 40		Nane		SIGNATUI	The s	
N	illiam (	C. Mar	ch F/	H 1101	E. No	orth	Ave	OCT 5	J IJ	01 /		0	The same of the sa	4.4	



11.	FOR STATE		DEPARTMENT O	HEALTH	AARYLAND I AND MENTAL I	-	1	2	5	1	1	9
15.	REGISTRAR		MIDDLE	NER'S C	ERTIFICATE C		KEG	, NO.				
III	TPE OR MEINT)	ERNETHA	WIDDLE		Carter		OF ESTI-		10	DAY	81	76 HOUR
3. SE		Bernice) 15. Date Of BIRTH	6. AGE IIN	YEARS IF UN	IDER 1 YR. IF UNDER		DATE DATE	MOM		DAY DAY		A 2d. HOUR
3 1	female black	10 16	15 65	YRS.			DNOUNCED DEAD		10	11,9	81	6:53
70.	BIRTHPLACE (STATE OR	76. CITIZEN OF WH		10	IED NEVER MARR	RIED 7. E	BALTIMORE CIT	Y OR CO	UNTY			anı
1	S.C.	USA		WIDOW	ED XX DIVOR	CED 🗆	Baltin					MD.
	CITY OR TOWN OF DEATH	11. NAME OF HOS (IF NOT IN SUCH EAC	PITAL, NURSING HOLDERS				OCCUPATION OF WORKING LIFE)	(TYPE OF WO	ORK 17	OR IND	OF BUS OUSTRY	
	altimore JAL RESIDENCE (IF IN NURSING HOME O				enue							
	STATE MD 136 COUN		BALTIMOR		13d. INSIDE CITY LIMITS?	13e. STREET 191:	ADDRESS WALBRO	OOK A	VE.			
14.1	FATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAID		MIDDLE			LAST		
140	WILLIE WAS DECEASED EVER IN U.S. AR/	MED EODCES?	PLAIR	ITY NO	GEORGIA 17. INFORMANT	NA	ADDR	FSS		JAM	ES	
100.		WAR OR DATES)	NONE	1,1140,	DOROTHY	G. JAMI			AFA	YETT	E A	VE.
=	18 CAUSE OF DEATH (Enter on	ly ane cause per line	for (a) (b) and (c))							APPRO	KIMATE II	NIERVAL
	PART I DEATH WAS CAUSEI	DBY: Arta	riosclerot	cic ca	rdiovascul	ar dis	ease			BETWEEN	ONSET A	ND DEATH
	14292		AS A CONSEQUENC									
RIAL, CREMATION, OR REMOVAL.	Conditions, if any, which gave rise to immediate	(b)										
10 PM	couse (a) stating the <u>under</u> - lying cause last.	DUE TO, OR	AS A CONSEQUENCE	E OF								
	PART 2 OTNER SIGNIFICANT CONDITIONS	(c)	BUT NOT RELATED TO THE TE	RMINAL DISEAS	F DP CONDITION GIVEN IN PA	APT 1 (a)						
NO				AMIN'AL BIJEAJ	CONCONDITION BIFER IN FA	AA1 1 (0),						
TE	190 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OP	ERATION W	AS PERFORMED?					20 AUTO	PSY?	
CERTIFICATION										YES		NO XX
			INJURY MONTH DAY YE		OW INJURY OCCURRE	ED (ENTERNATU	IRE OF INJURY IN 1TE	A 18 PART 1 C	OR PART	2)		
MEDICAL	CONTRIBUTING CAUSE OF I		DF INJURY (AT HOME,	211.10	CATION		7					
ME	WHILE NOT WHILE O		ORY, FARM, ETC.)		STREET	CI	TY OR TOWN		COUN	TY		STATE
	THE RESTRICT	a of the complex day	albadabana kati	A								
	22a I certify that I took charg	ral causes X		Autap Suicide	sy , Inspectio		ined manner	ond in m	пу аріп	non		
	170		3		TIŢLE (SPECIFY)	00616/111	ou motime? L			10/1	1 /0:	
-	ACTUAL SIGNATURE	ales	1	м	.D. Assistar	nt MEDICA	LEXAMINER		ATE GNED	10/1	1/8	
2	EXAMINER'S NAME (TYPE OR PRINT)	ormez R. (	Guard.M.D.		ADDRESS	111Penr	Street	,Bal	to.	,MD	2120	01
23q.	BURIAL, CREMATION, REMOVAL 2		23c. NAME OF C	EMETERY O		23d. LOCA CITY OR TO			COUNTY		STAT	
	BURIAL	10/16/81	MT. AU	BURN	CEMETERY	BAI	LTIMORE				MD	
24	FUNERAL DIRECTOR NAME W.C. MARCH	F/H 110016551	E. NORTH A	VE.			GISTRAR 25b. R	EGISTRAF	R'S SIC	40.4	1	
					00	141	981 800	aces	A	n/h	The	U

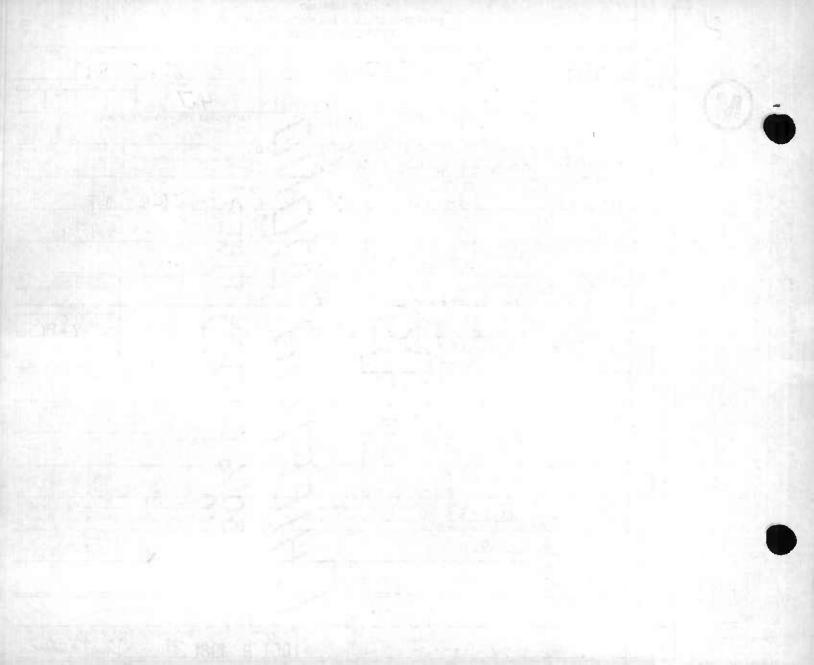


V	1.	FOR	G561 1		ad DEPARTA	STAT MENT OF H		ARYLAN AND ME		HENES I	2	5	12	0
A-	1-	STATE REGISTRAR				EXAMINE					REG. NO.			- 7
(NA)		CEASED NAME DE OR PRINT)			WIDDLE		ı	AST		20 DATE OF	KNOWN X	MONTH D	AY YEAR	2b. HOU
	0.00	,	Fel		В.		Cart				MATED [		8-18-1	
PINE PINE PINE PINE PINE PINE PINE PINE	3. SE	male	4. RACE black	5 DATE OF BIRTH	1922	6. AGE (IN YEAR LAST BIRTHDAY 59 YRS	MONTHS		HOURS MI		ICED		8-81	6:48
SCIESSA NERAL FOR VITHIN		RTHPLACE (5) REIGN COUNTRY)		76 CITIZEN OF WE	AT COUN		MARRIE WIDOWE	-4.2	ER MARRIED		imore (	COUNTY	F DEATH	
J. BALTIMORE, MD. 21201  JRS AFTER DEATH. IF ANY DELAY IS NECESS REV.  8. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRL  WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR  T. PAGES 1 AND 2 SHOULD BE FILED, WITHIN TO DIVISION OF VITAL RECORDS, 201 W. PRESTON.	1	Baltimo	OF DEATH	11. NAME OF HOS	CILITY, GIVE ST	RSING HOME,	OR OTHE			USUAL OCCUP FOR MOST OF WOR	PATION (TYPE C		KIND OF BU OR INDUSTI	
21201 F ANY DE AND 3 TO RETAIN HOULD B	USU/ 13a. S	TATE Md	(IF IN NURSING HOME	OR OTHER INSTITUTION, GIV NTY	13c. CITY	BEFORE ADMISSION OR TOWN IMORE	N)	13d INSIDE CIT		STREET ADDRE		renue		
BALTIMORE, MD. 21281 S. AFTER DEATH. IF ANY GIVE PAGES 1, 2, AND: TITH FORM PM. 3. RETA PAGES 1 AND 2 SHOUL WISION OF VITAL RECO		ATHER'S NAME FIRST		MIDDLE B.		rter	Sr	15. MOTHER FIR Oliv	R'S MAIDEN N		IDDLE		LAST	
TIMO TER C FORA FORA ON O	16a \ (Y	VAS DECEASEL ES, NO, OR UNKNO	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)		TAL SECURITY		17 INFORM			ADDRESS			
HOURS AF HOURS AF M 18. GIVE WG WITH RMIT. PAG NNE, DIVISI		yes		nly one couse per line		-18-731		Nancy		1419 N	. Patte	erson :	Park A	
TAL RECORDS, 201 W. PRESTON ST., HOULD BE EXECUTED WITHIN 24 HOUR RD "PENDING" IN PENCIL IN ITEM 18, HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D IRIAL, CREMATION, OR REMOVAL.	z	gave ris cause (a) lying cau		(b)	AS A CON	SEQUENCE OF	F	OR CONDITION	GIVEN IN PART 1:	σ				
VITAL RECORDS SHOULD BE EXE ORD "PENDING CHIEF MEDICA! E USED AS A BU T OF HEALTH AN URIAL, CREMAT	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR V	WHICH OPERA	TION WA	S PERFORM	MED?			2	0 AUTOPSY?	NOW
DIVISION OF VITAL RECORDS, 201 INER: THIS CERTIFICATE SHOULD BE EXECUTED ICATE, WRITING THE WORD "PENDING" IN PE F CORWARDED TO THE CHIEF MEDICAL EXA TTOR: PAGE 3 SHOULD BE USED AS A BURIAL. THE STATE DEPARTMENT OF HEALTH AND ME AND, 21201 PRIOR TO BURIAL, CREMATION,	MEDICAL CER	UNDERLYING CONTRIBUTION	NG CAUSE OF	DEATH P.M.	MONTH		21f. LOC		OCCURRED (E	NTER NATURE OF INJ		RT 1 OR PART 2)		STATE
±34845	2	7.1 17 0 1.11	AT WORK	ge of the remains des			Autapsy		Inspection					SIAIC
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		death resulted		ral couses	Accident	, Suic		Hamici	de . U	Indetermined mo	onner ,	DATE SIGNED	10-28-	-81
TO FUN	23a B	EXAMINER'S (TYPE OR PRIN	NAME  NT) Marga TION, REMOVAL		prell	M.D.				Street 31. LOCATION				
BP	(30.0	Buri:		11/2/81		Veter				CITY OR TOWN	sville	COUNTY		Md
	24. F	UNERAL DIREC		*	1.10	. JOSE				D. BY REGISTRA		RAR'S SIGN		
DHMH - 17 (VR A15 ME (5))	Wi	lliam (	. March	F/H 1101	E No	orth Ass	enue		OCT 3	0 1981	Hones	Van	Westher	C



The second second second designed the distance of the King King Street with the second of the 30 1910-13 10101 The Property of DER DAME TO GLEROUR SET ARMEL HOSPITAL

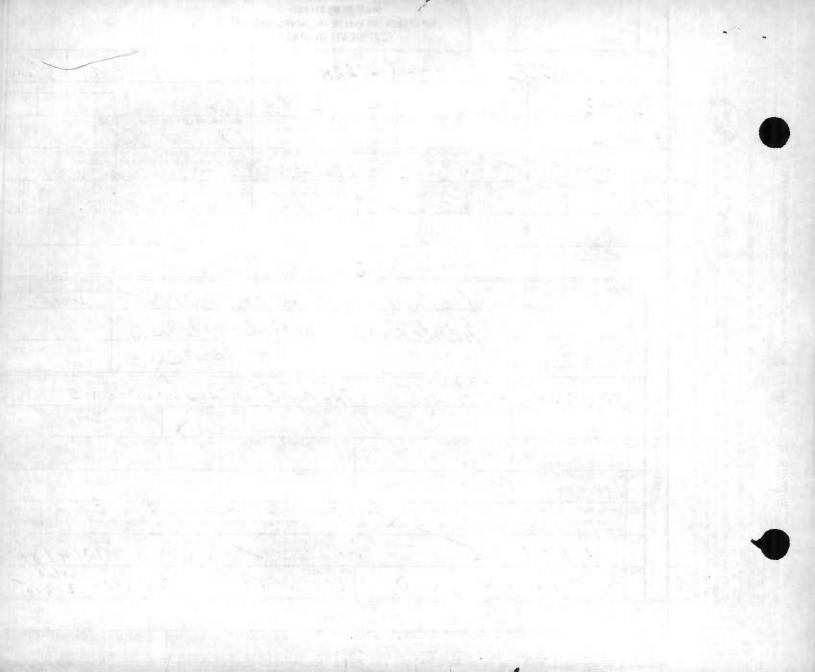
y	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	HYGIENE 8 1	25/22
noy be	1. DE (TYP)	CEASED NAME FIRST OR PRINT) TO RETT	4. RACE	CAS.	TLE OF BIRTH	2a. DATE OF DEATH MONTH  6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR  S - 8   M  IF UNDER 1 YEAR 1 IF UNDER 24 HRS
- (M)		F	B	нтиом	IG 193		
DIVIDES BE		RTHPLACE   STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	WIDOWE		D BAH	o City MD.
The last of the la	F	ALTI HURE	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE GOOD SAMAR	TAN HO	SPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKINI	G LIFE) 126. KIND OF BUSINESS OR
filled in hould be	130.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE  ITY  BAL	TOWN	134 INSIDE CITY LIMITS	2604 CECI	L AVE
201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ss that the death certificate be executed within 24 hours ted by the attending physician and completely filled in a please remove carbonpopers. Pages 1 and 2 should be fill rich, cremation, or removal. , or other troumatic event, the medical examine fimust be in		Unkn	MIDDLE LAS		15. MÓTHER'S MAIDEN FIRST Theresa	MIDDLE	Griffin
be execution on the control of the c		VAS DECEASED EVER IN U.S. AR 1ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL REWAR OR DATES)	SECURITY NO. 0-4467	Gene Cast	ADDRESS le 2604 Cecil	
ST., BAL graphicote onpoper emovol.		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly ane cause per line for (a). D BY: E CAUSE (a)	nator 4	Muco		APPROXIMATE INTERVAL WEEN ONSET AND DEATH
rhe death ce the attendin the attendin temore or or temorion, or or er troumotic		Conditions, if day, which gove rise to immediate	DUE TO, OR AS A CON!	CA Z	retostons	to Jung	morledon
that the day the lease remial, crems		cause (0), stating the underlying cause last.	DUE TO, OR AS A CONS	SEQUENCE OF	lana, gle	and otherion	
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he is hos ows	CERTIFICATION	190. DATE OF OPERATION	CA of Pos	PS (R)		YES NO	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \text{NO} \( \text{NO} \)
S PHYSICIAN: T thending physicians this certificate the buriol-transi and Memal Hygis and Memal Hygis and or Item 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR		CURRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2}
ING PHYSI r ottending After this cost the burn inched or the	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDI utol ou rOR: A or use of Heol		22a I certify that (I) (this haspi saw the deceased alive on above, (I) (we) (did) (did no	EX		d that in (my) (our) opin	ion death occurred on the date and h	, 19, that (1) (we) last hour and from the causes stated
AL OR ATTEN the hospital AL DIRECTOR detached for u of Dept. of He		22b. SIGNATURE	mealy		DEGREE ATTENDING PHYSICIAN		10-5-81
TO HOSPITAL OR AT retoined by the hosp TO FUNERAL DIRECT should be detached for with the State Dept. or IMPORTANT: if hem 5		CARLOS GOL	UZALEZ		GOOD SAM	MARITAN HOSPT	
0 to 0 to 1 to 2	23a. I	Burial, CREMATION, REMOVAL	23b. DATE 10/9/81		emetery or cremator		county state Md
DHMH-16 30M 2/80	24 F	INERAL DIRECTOR NAME  11iam C. Marc		ress E. Nor		DATE REC'D. BY REGISTRAR 256. REG	



(,	1.	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE O REG. NO.	25/23
9		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	1 101
and design		RUT		CHANEY	October 3,	7.1
	1 SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
(36JA.)	-	Female	White	Sept. 20, 1903		RS.
1285		RTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76. CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	Baltimore city or cou	
100	4	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST 5 W. 25th	RSING HOME OR OTHER INSTITUTION REET ADDRESS) Street	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Secretary	126. KIND OF BUSINESS OR INDUSTRY  Bank
ould be f	13a. S	AL RESIDENCE (IF NURSING HOME STATE 13b. COL			13e. STREET ADDRESS 5 W. 25th	Street
ond 2 sh	14 FA	THER'S NAME FIRST Elias	Chane	y Minnie	WIDDLE	Maddox
ers. Pages		VAS DECEASED EVER IN U.S. A (15, no or unknown) (15 yes, c	GIVE WAR OR DATES)		rey Kleppinger	n, Balto., Md.
rmit. Then please remay prior to buriol, crematic ony injury, or other frou	ATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN!	1	QUENCE OF  TO DEATH BUT NOT RELATED TO THE TER  TICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
shaws	CERTIFICATION	2]g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21¢ HOW INJURY OCCU	YES NO X	YES NO
e os the buriol-tror olth ond Mentol Hy morked or Item 18	MEDICAL (	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMIN 21d, INJURY OCCURRED NOT WHILE NOT WHILE		19 211 LOCATION	CITY OR TOWN	COUNTY STATE
ched for us Dept. of He Hem 21 is		22a.1 certify that (I) (this has sow the deceased alive of	priar) attended the deceased from 10/2 not) view the body ofter death.	9 5 , and that in (my) 40017 opinion  DEGREE  ATTENDING	, 10	220. DATE SIGNED
should be deto with the State I		22d. PHYSICIAN'S NAME ITYPH Dr. Albert	Nahum, M. D	22e. ADDRESS	Broadway, Balt	to., Md. 21231

of Meyer than the control of the con -40". 20, 10031 - 28 dio sapaidhe 5 W. 95th Street SW. SEN STREET Graney Minnia 215 10 1346 Mrs. Audrey Klappinger, Balto., No. Dr. Albert Nahum, M. D. 100 N. Broadway, Ealto., Md. 21231 to it wound it set . . OJ [88 i.L ACOS YORK TO Selfo., Ind. 21122.

	1.	STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REG. NO.								2
decit be		CEASED NAME FIRST GOIDI	E	DLE	CHA	RAK	20. DAT	E OF DEATH MONTH	9 8	YEAR	20. HOUR
	3. SE	EMALE	4 RACE WHITE		5. DATE O	F BIRTH	5 7		MONTHS RS.	R I YEAR DAYS	IF UNDER 24 HRS HOURS MIN
	R	RTHPLACE (STATE OR FOREIGN OUNTRY) 6	7b. CITIZEN OF WI		WIDOWE		1	BALLO, 7	nd		MD.
Of the state of	1	ITY OR TOWN OF DEATH  BALTO  AL RESIDENCE (IF NURSING HOME)	LEVIN	DALE	Heb	REW GELIA		JAL OCCUPATION WORK FOR MOST OF WORK!	NG LIFET IND	UNK	NOWN
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		couse (o), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT	(c)	TRIBUTING TO D		NOT RELATED TO THE T		EVERS	GIVEN IN E	PART 1/a	
DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN: The low requires th r attending physicion. Wher this certificate has been signed it as the burial-transit permit. Then plea th and Mental Hygiene prior to burial orked or then 18 shows any injury, or	CATION	TRINFORA	LARTI	-RITI	5,	ORGANIZ WAS PERFORMED	BR	ANN SYNI AUTOPSY? 206. II	ONO!	ME	GS USED
VITAL RE VITAL RE N: The lo nysicion. Icote hos ronsit pere Hygiener 18 shows	CERTIFICATION	210. ACCIDENT WAS UNDERLYING		NJURY MONTH DA	VEAD	21c. HOW INJURY OCC	YES	□ NO X	YES A 18 PART I OR		NO
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C ATTEN E hospital DIRECTOR Iched for u Dept. of He		sow the deceased alive on above, (I) (we) (did) (did in 22b. SIGNATURE)	n O O	er deoth		eGREE				c. DATES	
ERAL Store deto		22d. PHYSICIAN'S NAME TYPE	OR PRINT]	^	N	22e ADDRESS	N DIREC	TOR PHYSICIAN	-	151	1/8/
TO HOSP retained   TO FUNE should be with the !	23a	BURIAL, CREMATION, REMOVA	L 23b DATE			METERY OR CREMATO	RY 123d. L	OCATION LITTORTOWN	COUNTY		STATE
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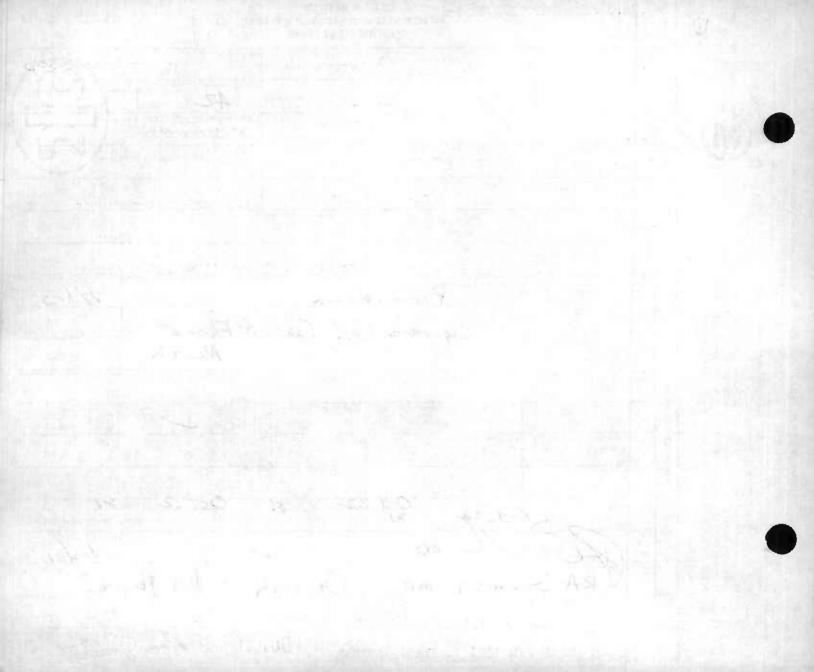


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		THE OK		BY GIRL		CHEESE	OCTOBER 25.	1981 09:22PM
ge 4 o	1	SEX	Female	4 RACE Bla	ck	DATE OF BIRTH WEAR 10/25/81	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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ofter d	7:	CITY	OR TOWN OF DEATH	(IF NOT IN SUCH FA	SPITAL, NURSING	HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR
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MARYLL MIDIETELY PRINCES	20	FATH	ER'S NAME FIRST	MIDDLE	LAST	IS. MOTHER'S MAIDEN NA	WIDDLE	LAST
MORE, nond col	1		DECEASED EVER IN U.S	. ARMED FORCES? 166	SOCIAL SECURIT		ADDRESS	
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res that the deamers that the acountry please remove corbinally cremation, or y, or other traumatic.	, or other troum	9 0 0	conditions, if ony, which love rise to immediate ouse to stating the inderlying cause lost	DUE TO, OR AS	S A CONSEQUENCE	CE OF	1 to 100 to	Since birth  Since birth  GIVEN IN PART 1:0
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DN OF VITA IYSICIAN: T dring physici is certificate burial-transi Mental Hygi	1,000		a. ACCIDENT WAS UNDERLYING R CONTRIBUTING  CAUSE O. (IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY O	F DEATH HOUR A.M.	MONTH DAY	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM	TB PART : OR PART 2)
VISIO Then then the ond ond ced o		<u> </u>	MILE NOT WHILE NOT WHILE AT WORK	21e. PLACE OF I	INJURY FACTORY, OFFICE, FARM	( STREET	CITY OR TOWN	COUNTY STATE
TENDI or or use of Heol			sow the deceased alive above (i) (wey did) (did	ospital) ottended the de		, and that i (my) (our) apinion	deoth occurred on the date and	hour and from the couses stated
TAL OR A STAL DIRECT DIRECT DEPT. If them			Anne Anne		urphy M!	- ITTOICIAIN	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED 10/26/81
TO HOSPITAL retoined by the TO FUNERAL is should be determined with the Stote Important: Important: It	1		A nac	MN	nuiphy 1		this, Johns Hopkin	Hospital
1205BP		9	IAL, CREMATION, REMO		181 30	NS HOPKINS	BALTIMOR	LE COUNTY MELLE
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth. Page 4 retained by the hospital or ottending physicion.	TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and completely filling in by the should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.
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Vo	1.	FOR STATE REGISTRAR	G561	11/2/81	DEPARTM	NENT OF H	CATE OF D	ND NENTAL HYGI EATH	IENE Ö	REG. NO.	2	5 /	2 6
oge 3 death	1 DE	James	FIRST		).		herry		20. DATE O	F DEATH M		1981	26 HOUR 830PM
4 moy tor. po	3. SE	x Male	4.	RACE black		5 DATE O	DAX	1 <sup>E</sup> 9 <sup>R</sup> 39	6. AGE IIN	EARS LAST BIRTHI	DAY)	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Page		RTHPLACE (STATE OR FO	REIGN 7b		HAT COUNTRY?	8 MARRIED	<b>⊠</b> XNEVER M	ARRIED -		RECITYOR imore		OF DEATH	
offer de	10 C	N.C. ITY OR TOWN OF DEAT Altimore	н 11	. NAME OF HO	OSPITAL, NURSING FACILITY GIVE STREET, Darley A	WIDOWE G HOME O	R OTHER INSTI	ORCED	120 USUAL	OCCUPATION K FOR MOST OF V	7	12b. KIND O	MD. F BUSINESS OR
4 hours?	USU	AL RESIDENCE HE NURSIN	G HOME OR OT 3b COUNTY	HER INSTITUTION G	IVE RESIDENCE BEFORE 3. CITY OR TOWN BALTIMORE	ADMISSION)	13d. INSIDE CIT	TY LIMITS?	13e. STREET				
within 2 sletely IIII and 2 show	-	ATHER'S NAME	MIC	DDLE	LAST		15. MOTHER'S	MAIDEN NAM		Darley MIDDLE	Aven	ue LAS	T
nd comple	160 \	DSCAT  VAS DECEASED EVER IN  YES. NO OR UNKNOWN)	U.S. ARME	D FORCES? 1	Ford  65 SOCIAL SECUI		Cora 17 INFORMAN	NT		ADDRESS	,	Cherry	
ote be e sician o spers. Pa col. 1, the me	-	NO 18 CAUSE OF DEATH	Enter only	one couse per li	245-56-6		Barbara	a A. Ch	erry	1624 Da	arley		MATE INTERVAL DNSET AND DEATH
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that the d l by the or ease remon ol, cremati		gove rise to imme couse (0), stating underlying couse	diote	DUE TO, OR	as a conseque			2011		Most			
equires n signed Then ple t ta burie injury, o	NO	PART 2 OTHER SIGNI	FICANT CO	NDITIONS CON	TRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	NAL DISEAS	E OR CONDI	ION GIVE	N IN PART 110	3
he law r on. hos bee t permit	CERTIFICATION	190 DATE OF OPERATION	NC	196 CONDITI	ON FOR WHICH	OPERATION	WAS PERFOR	RMED	200 AUTO		Ob. IF YES, CERTIFY YES	WERE FINDIN	OF DEATH?
ICIAN: T g physici entificate iol-transi ntol Hygi em 18 si		210. ACCIDENT WAS UNDER OR CONTRIBUTING CA LIFETHER NOTIFY MEDICA	USE OF DEATH	21b. TIME OF HOUR A.M P.M.	. MONTH DA	Y YEAR	21c HOW INJ	URY OCCURR	ED (ENTERN)	TURE OF INJURY	N ITEM 18 PA	RT 1 OR PART 2)	
G PHYS ottending er this c s the bur and Me	MEDICAL	21d INJURY OCCURRE	D	21e. PLACE OF			211 LOCATIO STREET	N		CITY OR TOWN		COUNTY	STATE
TENDIN or or o		220 I certify that (I) (1 saw the deceased		attended the	2 19		d that in (my) (	, 19 <b>_8</b> our) opinion d	eoth occurre	of Co	ond hour		that (I) (we) last
PITAL OR ALL By the hose ERAL DIREC e detached i State Dept. a		77h SIGNAL	Sei	wl	er death.		EGREE A1	TTENDING HYSICIAN		STAFF	To Fil	220. DATE	
O HOSPITAL etained by th TO FUNERAL should be deta with the State (MPORTANT:		224 PHO PO WAR	TE-ITYPE OR PI	ORALS	el ms		22e. ADDRESS	Neugist	af af	Md	the	pidal	
5 BP		BURIAL, CREMATION, RI Burial	00/11/5/4	23b. DATE 10/28/8	T		metery or ci			Itimor		COUNTY	Ma
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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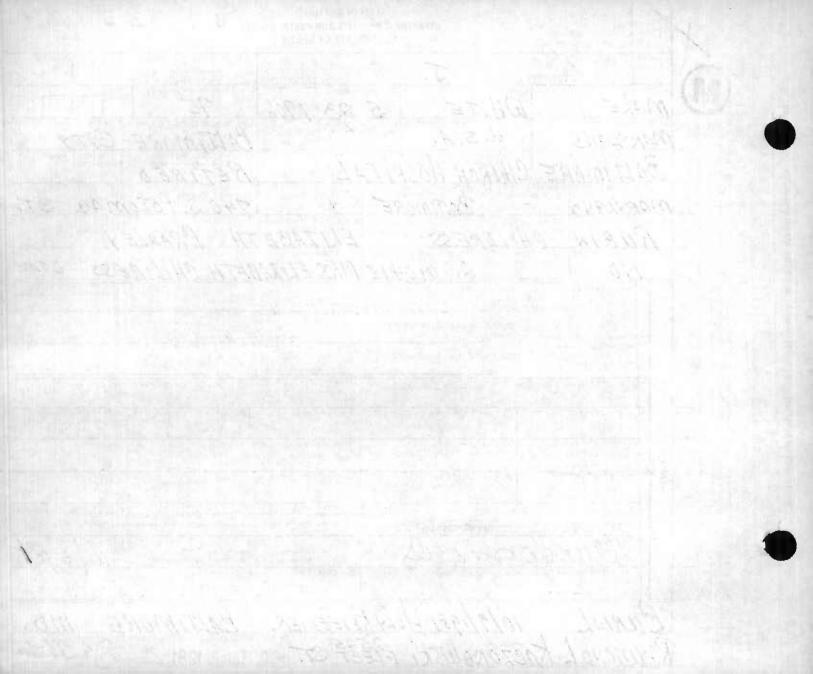
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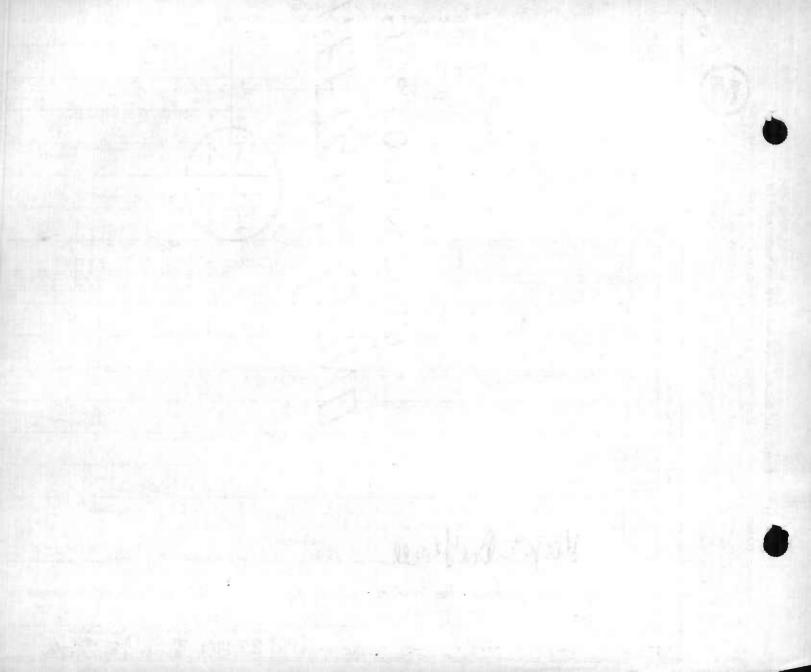
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	PAGE PAGE SAN		more	OF DEATH	II. NAME OF HOS	PITAL, NURS	HOSP'it	oR OTH	ER INSTITUT	ION 12a	FOR MOST OF W	UPATION (TY		126 KIND OF BU OR INDUST HOUSI	ISINESS
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BALTIMORE	URS AFTER DEATH  18. GIVE PAGES 1,  WITH FORM PM  11. PAGES 1 AND 2,  DIVISION OF WITH		YES	WW	II	2170	53335	<u> </u>	CHARI	LES T.	SMIT	H 118	O CLI	EVELAN:	
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DS,	IS: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR TE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. RWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WATHER A STATE DEPARTITY OF HEALTH AND MENTAL HYGIENE, D., 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART 2 OTNER SIGN	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	UT NOT RELATED	TO THE TERMINA	AL DISEASE	OR CONDITION	GIVEN IN PART 1	a			1	
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	CAL EXA THE CER SHOULD ERAL DIR SATH, WI		ACTUAL SIGNATURE_	JK.	SILA	W		M	Assis	tant	MEDICAL EX	MINED	DATE	10/22/8	1
	NER SHA	-	EXAMINER'S N	1											
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYTAND,		(TYPE OR PRIN	T)HC	ormez R. G				ADDRESS			et,Balt	to.,MD	21201	
	<b>EUSEA</b>	23a. B	SPECIFY)	ON, REMOVAL		-	ME OF CEME				d. LOCATION		COUN		ATE
100	BP	24. FI	BURIAL DIRECT		10/23/81	IBAI	TIMOR	RE (	CEMET	ERY I	BALTIN		ISTP O'C'C		D
1001	DHMH - 17 (VR A15 ME (5))		mylls	Cont	1211 C	hesac	10		*	OCT ?	2 198	Prane	1 V	March	ter
	15M 2/80		000	-50-4-	10011	الو کور ت	o duc			0012	4 130	1 4/2010	A	0.00	

1212 1213 The work of the comment of the first first for the first fir

The second of th TOTAL CONTROL OF THE REAL PROPERTY AND THE PROPERTY AND T Hall . Hill market not request to the first - E william AND ENGINEERING THE PROPERTY OF THE PARTY OF SERVICE SOLD IN THE PROPERTY OF THE PROPERTY O

stration Hospital

	I. DEC	REGISTRAR CEASED NAME	FIRST		MIDDLE	LAST		20. DATE KNOWN		YEAR 2b. I
1	(TYPE	E OR PRINT)	MARV	IN Th	urman	CLANTON		OF ESTI- DEATH MATED	10-21-8	
1	. SEX	4 RACI	5. I	DATE OF BIRTH	6. AGE IN YE	ARS IF UNDER 1 YR.	F UNDER 24 H		MONTH DAY	YEAR 7d.
ı		male b		1 8	1911 80 YI		HOURS MIN	PRONOUNCED DEAD	10-21-8	31
	7a. BI	RTHPLACE (STATE OR		CITIZEN OF WI	HAT COUNTRY?	8 MARRIED A NEVI	ER MARRIED	9. BALTIMORE CITY	OR COUNTY OF	EATH
1		N. C.		USA		WIDOWED		□ Baltimo	re City	
	0 CI	TY OR TOWN OF DEA	TH 11.		PITAL, NURSING HOME	OR OTHER INSTITUTI	ON 12a	FOR MOST OF WORKING LIFE)		ND OF BUSINE INDUSTRY
4	ICLIA	Residence		910 E.	North Aven	ue				
	13a S1	TATE	13b. COUNTY	HER INSTITUTION, GI	13c. CITY OR TOWN	T3d. INSIDE CITY	r LIMITS?   13e	STREET ADDRESS		
1		Md			Baltimore	YES 🔀	NO 🗆	910 E. Nort	n Avenue	
1		THER'S NAME FIRST	M	DDLE	LAST	FIR	'S MAIDEN N	MIDDLE		LAST
-		oung	INTIS ADMED	EODCES2	Clanton	Ida Y NO. 17. INFORMA	ANT	ADDRE	55	
	ea. VV	S, NO, OR UNKNOWN)	(IF YES, GIVE WAR	OR DATES)	244-12-511			nton 910 E.		2110
=			H /F-A-	4	1	CHALLE	S CIGI	ICOI 910 E. I		PROXIMATE INT
		PART I DEATH W	H (Enter only or AS CAUSED BY	ne couse per line :	for (o), (b), and (c).)	laratic ca	rdiova	cular diseas		VEEN ONSET AN
		11000	IMMEDIATE C				101010	Cata, arous		
-1		Conditions, if o	ny which	DUE TO, OR	AS A CONSEQUENCE	OF				
4		gove rise to	immediate	(b)						
1		couse (o) stating lying couse lost.	the under-	DUE TO, OR	AS A CONSEQUENCE	OF .				
1		ALOY A CAUSE CICHES AND		(c)						
- 1	z	PART Z UTNEK SIGNIFICANI	CONDITIONS CONT	KIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1 1	a.		
+	5	19a DATE OF OPERA	TION	195 CONDI	TION FOR WHICH OPER	ATION WAS PERFORM	ED?		In A	UTOPSY?
2	FIC.									
	ERT	21a EXTERNAL CAUS	EWAS	21b. TIME OF	INJURY	21c. HOW INJURY O	OCCURRED 45	ENTER NATURE OF INJURY IN ITEM		ES L N
5	MEDICAL CERTIFICATION	UNDERLYING D	OR	HOUR A.M	MONTH DAY YEAR		CCOMMED (s	The state of the s		
	DIC	CONTRIBUTING C		TH P.M		21f. LOCATION				
	ME	WHILE NOT	WHILE		TORY, FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	
1		AT WORK AT W	ORK				IC7	79/		
		22a I certify that I	took charge of	the remains des	cribed obove, held on	Autopsy .	Inspection X	Inquiry L.	ond in my opinion	
		death resulted from	Notural c	ouses 🔲	Accident	icide, Homicic	de 🔲 - U	Indetermined monner	J.	
		ACTUAL	WALLO	to M	Mda. M	TITLE (SP			DATE 11	0-21-8
4		SIGNATURE	round	ON	Januar	M.D. Assis	stant	MEDICAL EXAMINER	SIGNED	210
	-	EXAMINER'S NAME	1					C1 1		
7		(TYPE OR PRINT)	Marg	arita A	. Korell, M.			enn Street		
4					1234 NAME OF CE	METERY OR CREMATOR	RY 2:	3d. LOCATION		
4	23a. Bl	JRIAL, CREMATION, R	EMOVAL 23b.					CITY OR TOWN	COUNTY	STATE
1		Buria	1 1	.0/26/81		e Cemetery		M. LOCATION CITY OF TOWN Baltimore		Md <sup>STATE</sup>
1			1 1		Baltimor	e Cemetery	DATE REC		GISTRAR'S SIGNAT	Md STATI



FOR STATE REGISTRAR STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

1

25/3

REGISTRAR			CERTIFI	ICAILOI	PLATII	R	EG. NO.		
1 DECEASED NAME FIRST		MIDDLE	I	AST	W. W. T.	20 DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR
Georg	ge	William		Clark	Sr	October	31, 19	81	5:30a
3. SEX	4 RACE		5. DATE C			6. AGE (IN YEARS	LAST BIRTHDAY)	MONINS DAT	
Male	Blac	ck	70	12	702	7:	9 YR		TS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	NEVED	MARRIED -	9. BALTIMORE	ITY OR COUN	TY OF DEATH	
Va	USA		WIDOWE		NORCED	Baltime	ore Cit	У	M
Baltimore	Maryla	HOSPITAL, NURSING HEACHLITY, GIVE STREET	al Ho	spital	NOITUTION	12a USUAL OCC (TYPE OF WORK FOR			O OF BUSINESS OF RY
Maryland	AE OR OTHER INSTITUTION OUNTY	130. CITY OR TOW Baltim	ore	YES 🔀	CITY LIMITS?	13e STREET ADD		Street 1	Apt 7 B
14 FATHER'S NAME FIRST	MIDDLE	tast	100/4	15. MOTHER	'S MAIDEN NA	ME	DDLE		LAST
Richard		Clark		Mary	,				
160 WAS DECEASED EVER IN U.S	. ARMED FORCES?	16h SOCIAL SECU	JRITY NO.	17. INFORM	ANT		ADDRESS		
No	SIVE WAR OR DATES)	214-26-4	1528	Irene	Johnson	1600 W.	Mount	Royal A	Apt. 407
18 CAUSE OF DEATH Enter PART I. DEATH WAS CA IMME  43 8 0 Conditions, if ony, which gove rise to immediate	DIATE CAUSE (v)	Chronic  RAS A CONSEQUI	Rena 1					BETWEE	ÖXIMATE INTÉRVAL EN ONSET AND DEATH
PART 2 OTHER SIGNIFICA  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING	nt conditions <u>c</u>	R AS A CONSEQUE	DEATH BUT			NINAL DISEASE OR	2 20b. IF	GIVEN IN PART YES, WERE FINI	DINGS USED
E				1			<b>X</b>	YES 🗌	NO 🗌
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM 21d. IN JURY OCCURRED	F DEATH HOUR A.	M. MONTH DA	AY YEAR	21c HOW I	NJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM	18 PART   OR PART 2	5
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC )	21f LOCAT		CIT	Y OR TOWN	COUNTY	STATE
220. I certify that this has sow the deceased alive above (did) (d)	on Octobe	r 31 19	Octobe 81.		19 <u>8</u>	death accurred on	the date and	, 19 81 hour and from t	_, that≒X(we) los the couses stated
22b. SIGNATURE	ldny-7	a fin	M	DEGREE		MEDICAL DIRECTOR = F	STAFF PHYSICIAN XX	10	75 SIGNED 1/31/81
22d. PHYSICIAN'S NAME (T				22e ADDRE			19.00		
Huang-1	TA Lin, M.	D.		c/o	Marylan	d Genera	Hospi	tal	
230. BURIAL, CREMATION, REMO					CREMATORY	23d. LOCATIO		COUNTY	STATE
Burial	11/5/8	1   We	estvie	ew Memo	rial Pk	Cato	nsville		Md

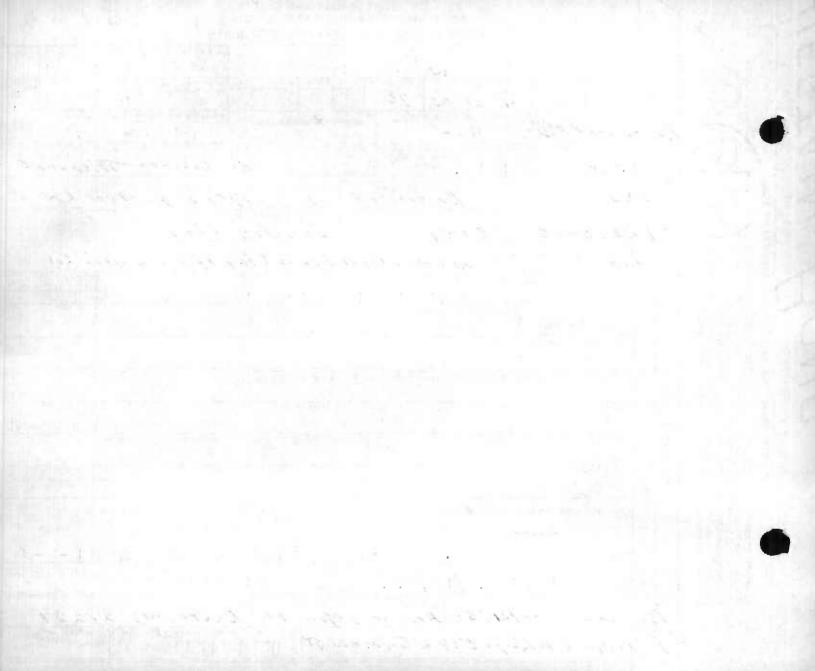
DHMH - 16 50M 1/81 (VRA 15, 4) 24 FUNERAL DIRECTOR

William C. March F/H 1101 E North Avenue

1 Pk Catonsville
250. DATE REC'D. BY REGISTRAR 250. REGISTRAR 5 SIGNATURE

V 2 1981 Page Van Wart

No.		STATE OF MARYLAND	-9 -9
11-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	104
	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	ECEASED NAME FIRST PE OR PRINT)	MIDDLE LAST 20. DATE KNOWN XX MONTH OF ESTI-	DAY YEAR 26 HOUR
	Theo	dore Clay DEATH MATED 10	16 19 81 M
3. SE	X 4. RACE	5. DATE OF BIRTH  6. AGE (IN YEARS   IF UNDER 1 YR.   IF UNDER 24 HRS. 21. DATE MONTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	DAY YEAR 12:50
M	ale Black	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD 10	16 19 81 p.M
/ A5	OREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY	
13	er timored MI	WIDOWED □ DIVORCED □ Baltimore Ci	ty, MD.
10. (	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACELITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION (TYPE OF WORK IN CLIFE)	26. KIND OF BUSINESS OR INDUSTRY
	Baltimore	(IF NOT IN SUCH FACELITY, GIVE STREET ADDRESS)  1901 N. Fulton Avenue	PANONE
	AL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  NTY 130 CITY OR TOWN 136 INSIDE (ITY LIMITS? 130 STREET ADDRESS	
2	MD	BALTIMONE YESD NO 1901 N Fulton	V AW
14.1	ATHER'S NAME	MIDDLE LAST 15 MOTHER'S MAIDEN NAME PRIST PRIST	LAST
-	TNEODORE	Clay SENNIE Clay	
16a.	WAS DECEASED EVER IN U.S. AI		/ - /
	wo	212 -05-0511 Fruth Clay 1901 N Kules	id Ada
	18. CAUSE OF DEATH (Enter o	nly one cause per line for (o), (b), ond (c).)	APPROXIMATE INTERVAL
	PART I DEATH WAS CAUS	ATECAUSE (a) Arteriosclerotic Cardiovascular Disease	
	7272	DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if ony, which		
	couse (a) stating the under		
	Tying cause lost.	(c)	
	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g)	
CERTIFICATION			
3 3	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
子音			YES NO X
	21a EXTERNAL CAUSE WAS	216. TIME OF INJURY   216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART HOUR A.M. MONTH DAY YEAR	2)
13	CONTRIBUTING CAUSE OF	DEATH P.M. 19	
MEDICAL CERTIFICATION	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, 211. LOCATION  STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN COU	NIV STATE
2	WHILE NOT WHILE AT WORK	City of town	JIAIE
		ge of the remains described above, held an Autopsy . Inspection XX Inquiry . and in my api	nion
1		ural causes XX, Accident , Suicide , Homicide , Undetermined monner ,	
	T	TITLE (SPECIFY)	•
	ACTUAL SIGNATURE	Man Assistant MEDICAL EXAMINER SIGNED	10-16-81
		1. #	
-	EXAMINER'S NAME VIT	ginia L. Dolan, M.D. ADDRESS III Penn Street	
23g.	BURIAL, CREMATION, REMOVAL	236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNT	y state
	Swarda 6	10/20/81 ARSURUS Mon. PK BALTO, MJ 2	1227
24.	FUNERAL DIRECTOR	ADDRESS 7 C	GNATH
1	Manhall 1	Hay 38 N E. In on 37 OCT 19 1981 Chances	and and



LAUREL FUNERAL HOME, INC.

Sandy Spring Rd. Laurel.Md.

FOR

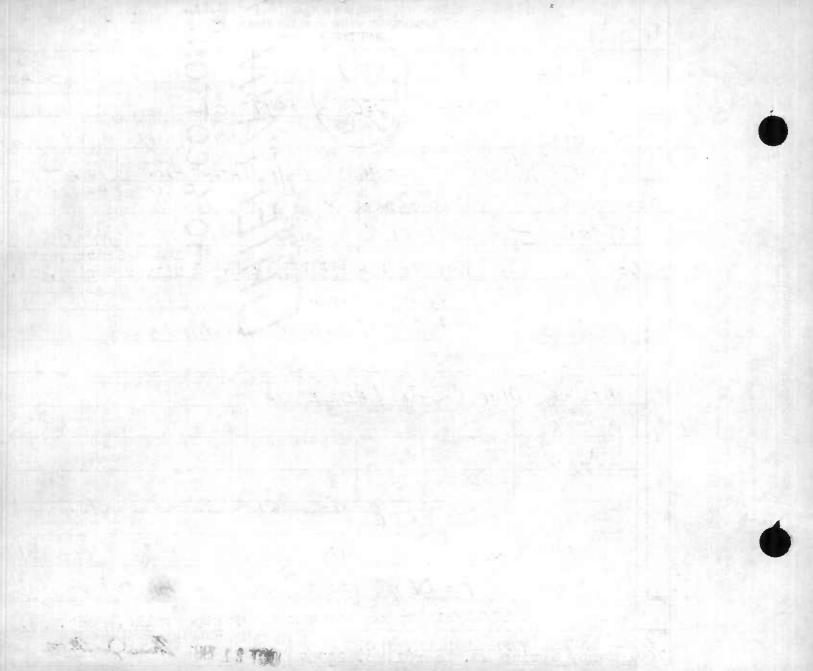
- STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



Detail Internal ZASTY LONG TO THE REST OF THE STATE OF THE PARTY OF THE P

						REG. NO.	
		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	1	RICH	HARD T	CLAYT	ากท	10/	6/81 620
	3. SE		4 RACE	5. DATE (	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		male	black	^2 <sup>1</sup>	" 4 1'91	.4 67 <sub>YR</sub>	MONTHS DAYS HOURS MIN.
2	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY? 8	NEVER MARRIED	9. BALTIMORE CITY OR COUN	NTY OF DEATH
3		Va	USA	WIDOW		BALTIMORE CIT	Y ME
1.1	10 C	ITY OR TOWN OF DEATH		PITAL, NURSING HOME (	OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
14		BALTIMORE		MEMORIAL HOS	SPITAL	(TARE OF MONK FOR WOST OF MORKIN	G (IRE) INDUSTRY
35	USU.	AL RESIDENCE (IF NURSING HOM STATE Md	E OR OTHER INSTITUTION GIVE R	RESIDENCE BEFORE ADMISSIONIL	113d INSIDE CITY LIMITS	S? 13e. STREET ADDRESS	
7		Md	ва	Itimore	YES NO		Avenue
	14. FA	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN	NAME	LAST
90	Is	aiah	THE WAR	Clavton	Heste		Taylor
,		VAS DECEASED EVER IN U.S.	ARMED FORCES? 16b.	SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
/		YES, NO OR LINKNOWN) (IF YES	ONE WAR OR DATES	212-07-8146	VERIENE C	CLAYTON 1517 ELLWO	OOD AVE.
		18. CAUSE OF DEATH (Enter	only one couse per line f	for (o), (b), and (c), 4			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAL	JSED BY: DIATE CAUSE (a)				AS DESCRIPTION OF THE PARTY OF
		1850			No. 1 Contract		
		Conditions, if ony, which	DUE TO, OR AS	netastatic	COACLORON	na of prostate	
		gove rise to immediate	(b)	1101031416	Colconor	a or prajer	
	'	couse (0), stating the underlying couse lost	DUE TO, OR AS	A CONSEQUENCE OF			
			(c)				
	z	PART 2. OTHER SIGNIFICAN	IT CONDITIONS CONTR	IBUTING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
	ATIC	190 DATE OF OPERATION	19h CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	20g AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
2	FIC				, TO TEM ONNED	IN CEI	RTIFYING CAUSES OF DEATH?
<b>?</b>	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJ	IURY	21c. HOW INJURY OC	YES NO CURRED (ENTER NATURE OF INJURY IN ITEM	YES NO
4		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M.	MONTH DAY YEAR			The second secon
/	S	(IF EITHER, NOTIFY MEDICAL EXAM		10 6 198			
	MEDICAL	WHILE NOT WHILE	21e. PLACE OF IN	ACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		AT WORK AT WORK			1211	8, 10/1	
		220.1 certify thot.# (this ho	10/1		19	10 10 10	, 19
			not) view the body after	death.		nion death accurred an the date and	
	100	22b. SIGNATURE	1		DEGREE		22c. DATE SIGNED
		11/2/-1	aglarm.1.	).	ATTENDIN PHYSICIA		10/6/8/
		224. PHYSICIAN'S NAME	mLaming.		22e. ADDRESS	0 1/ 36	
1		M. Lawrence	e Kapkan.	M.D	Union M	emoral Hospital	
		BURIAL, CREMATION, REMOV		THE RESERVE TO SHARE THE PARTY OF THE PARTY	EMETERY OR CREMATO		COUNTY
		BURIAL	10/12/8	1 BALTO	. CEMETERY	BALTIMORE	COUNTY
		UNERAL DIRECTOR		ADDRESS	25a.	DATE REC'D. BY REGISTRAR 256, REG	ISTRAP'S SIGNATURE
		W.C. MARCH F/1	H 1101 E. NO	ORTH AVE.		DCT 8 1981 Fran	cas lan lather

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE S
CERTIFICATE OF DEATH

MILE BROWN IN TOTAL SEE THE MALE AND ASSOCIATION OF THE SECURITARY ASSOCIATION OF THE

FOR
STATE
DECIGEDAD

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6 AGE (IN YEARS LAST BIRTHDAY)

88

DECEASED NAME

(TYPE OR PRINT)

3. SEX

U.S.A.

CLAYTON

LAST

5 DATE OF BIRTH

WIDOWED

REG. NO 26 DATE OF DEATH October 12, 1981

male TO BIRTHPLACE (STATE OF FOREIGN

black 7h CITIZEN OF WHAT COUNTRY?

93 MARRIED NEVER MARRIED

9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City

13e STREET ADDRESS

12b. KIND OF BUSINESS OR

Glouster, Co, Va. ID CITY OR TOWN OF DEATH Baltimore

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Mary land General Mospital

(TYPE OF WORK FOR MOST OF WORKING LIFE)

764 DOLPHIN STREET

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) MD 14 FATHER'S NAME

4 RACE

BALTO

YESX 15 MOTHER'S MAIDEN NAME

YEAR

MIDDLE

FIRST. HENRY

YES NO OR UNKNOWN)

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES!

IISA

13b COUNTY

Thomas

16b SOCIAL SECURITY NO 218-22-6086

NANCY 17 INFORMANT

13d INSIDE CITY LIMITS?

ADDRESS THOMAS D. CLAYTON 636 N. CAREY ST.

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY:

DNFIMONIA **PNEUMONIA** IMMEDIATE CAUSE (o

DUE TO OR AS A CONSEQUENCE OF

13c. CITY OR TOWN

CLAYTON

DUE TO, OR AS A CONSEQUENCE OF

CERTIFICATION

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH

HOUR A.M. MONTH DAY YEAR

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

200 AUTOPSY?

NOXX

October

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

190 DATE OF OPERATION

Conditions, if ony, which gove rise to immediate couse (o), stoting the

underlying couse lost.

NOT WHILE

21e. PLACE OF INJURY 220.1 certify that X (this hospital) attended the deceased from

211 LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) October

231 NAME OF CEMETERY OR CREMATORY

MD. VET. CEM.

YES T

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

sow the deceased olive on October 12 obove, & (we) (did) (box ot) view the body after death. 22b. SIGNATURE

230. BURIAL, CREMATION, REMOVAL

81 and that in (n)() (our) opinion death occurred on the date and hour and from the causes stated DEGREE

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

ATTENDING MEDICAL PHYSICIAN

22c DATE SIGNED

COUNTY MARYLAND

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Paul Young-Hyman, M.D.

clo Maryland General Hospital Crownsville

(SPECIFY BURIAL 24 FUNERAL DIRECTOR

WM. C. MARCH FUNRAL HOME 1101 E. NORTH AVE

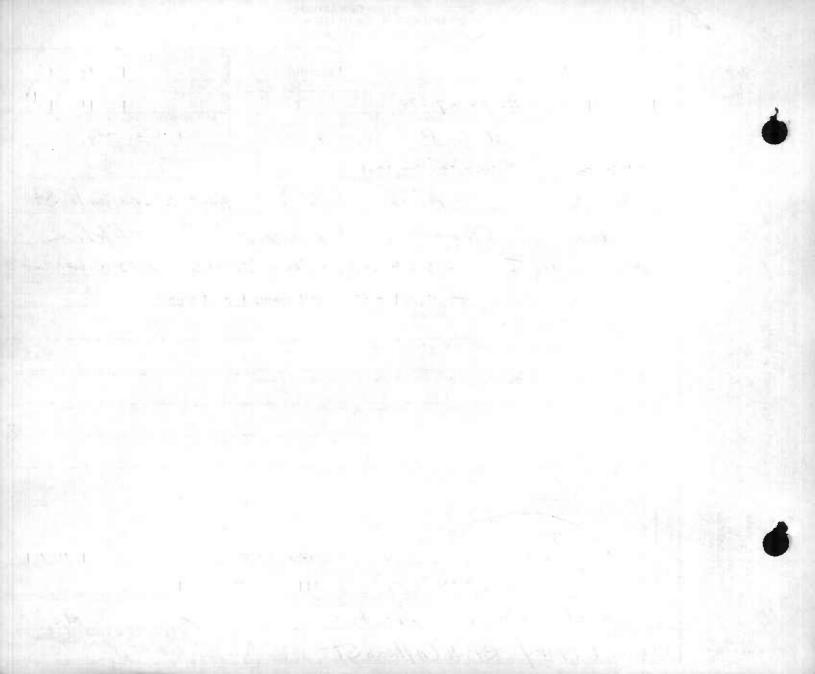
10/16/81

250. DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

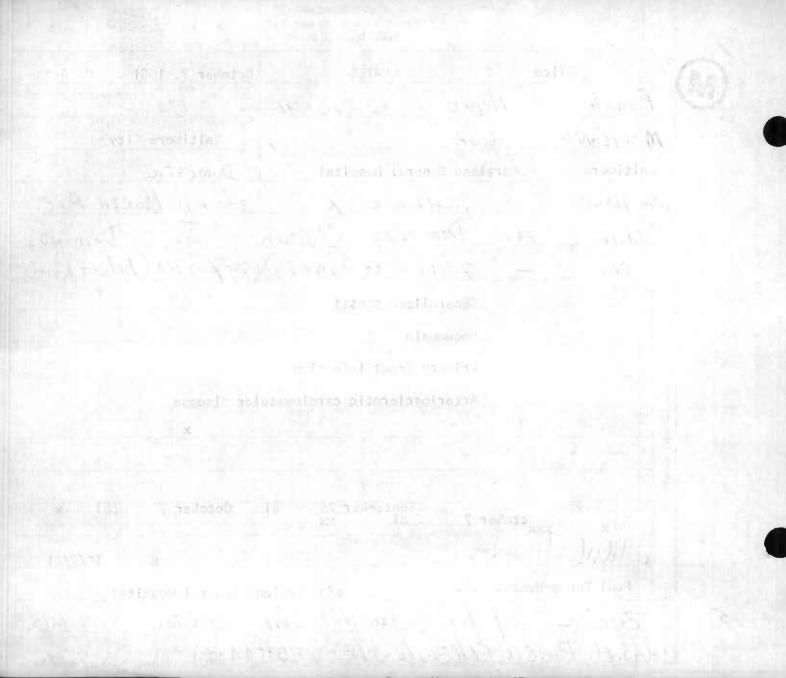
should be deta with the State I

	5	1.	FOR			DEPARTMEN		MARYLA	ND ENTAL HYG	IENE I	2	5 /	40
		1-	STATE REGISTRAR			DICAL EX				EATH	REG. NO.	9 ,	
	(		CEASED NAME	FIRST	====	WIDDLE		LAST	-	OF	NOWN X MC		YEAR Zb. HOUR
	<b>建</b> 段[]	3. SE	( 14	John	5. DATE OF BIRTH	16 A	GE (IN YEARS IF	Clemmo	NS			O 11 19	
	A 200 A	Ma		lack	4-3-		ST BIRTHDAY) MO	NIHS DAYS	HOURS MIN		ED	kO 11 19	111.08
	THE SERVICES		RTHPLACE (STATE		76. CITIZEN OF WH		8. MA	RIED   NE	EVER MARRIED	9. BALTIMO		DUNTY OF DEA	
	PUNERS S. FOR	1	Md		4.3	S. A	WIDO	WED 🔀	DIVORCED	□ Ba	Itimore	Gity,	MD.
	Z E S E S	MD C	Baltimo		11. NAME OF HOSI (IF NOT IN SUCH FACE Univers	CILITY, GIVE STREET		THER INSTITU	JTION 12a	OCCUPA FOR MOST OF WORKI	TION (TYPE OF W	ORK 126 KIND O	OF BUSINESS DUSTRY
-	AIN AIN ORD	USU/	AL RESIDENCE (IF	IN NURSING HOME OR	OTHER INSTITUTION, GIV	E RESIDENCE BEFOR	E ADMISSION)	13d. INSIDE	CITY LIMITES 122-	STREET ADDRES		/	
. 21201	IF ANY DELA 3. RETAIN PA SHOULD BE:		Md	100. 000141		BA	16	YES X	NO [	12/7	W. LAI	UVAle	St
WD	1, 2, 1, 2, M 3, 3, M 3, M 3, M 3, M 3, M 3, M	14. F/	ATHER'S NAME		MIDDLE 0/	LAST		15. MOTH	ER'S MAIDEN N	AME	DLE	/ / AAST	
ORE	DEA MAN PEA	140 \	SIMO!		C/e	MMOY	ECURITY NO.	F/L	PRENCE		ADDRESS	efchei	2
BALTIMORE, MD.	IRS AFTER DEATH. IF A S. GIVE PAGES 1, 2, A WITH FORM PM 3. R. I. PAGES I AND 2 SHO DIVISION OF VITALRE	{Y	ES, NO, OR UNKNOWN	(IF YES, GIVE W	AR OR DATES)		7-1669		MAIN!	306. 45		w.LA	alanto d
	URS AF WITH WITH T. PAG DIVISI		18 CAUSE OF D		one couse per line			1947	LUIN X	Prons	141,	APPRO	XIMATE INTERVAL
N ST.	HOUNG IN		PARTIDEAT	H WAS CAUSED	DV			c card	iovascu	lar disea	ASA	BETWEEN	ONSET AND DEATH
STO	N 24 HO N ITEM 1 ALONG IT PERM YGIENE,		420	12 mmediate		AS A CONSEQ		0 001 0	1014504	141 41300	100		3.3
e.	MER NER ANS AL H REV	-		if any, which to immediate	(b)								
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	NER STANDE	-		1			V				AEK 3	GNED 1.97	12701
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

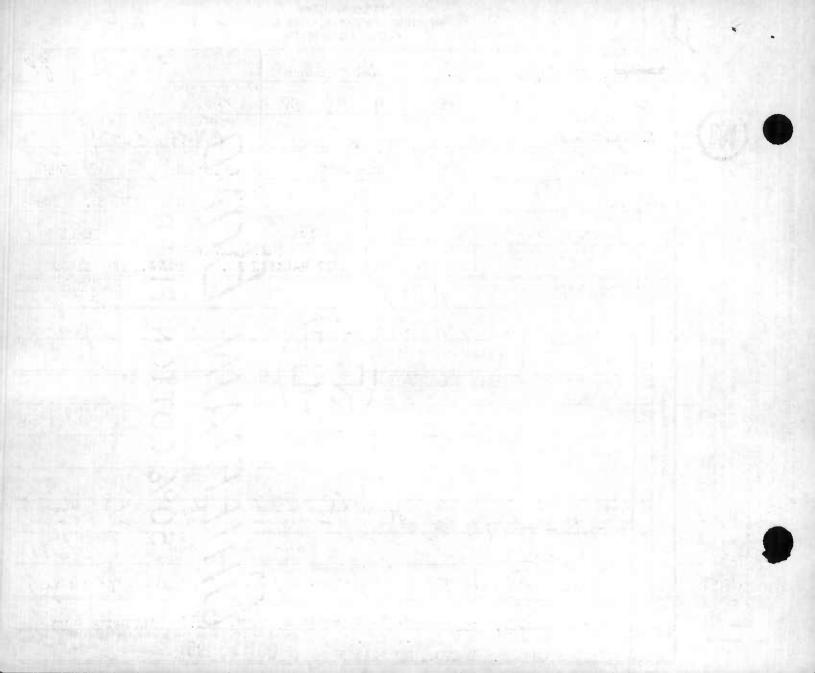
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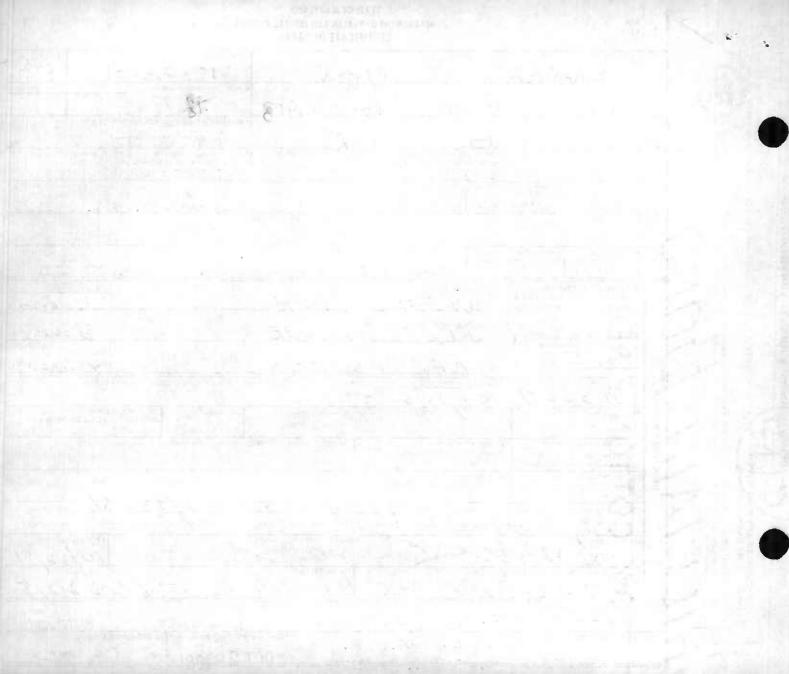
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74 FUNERAL DIRECTOR
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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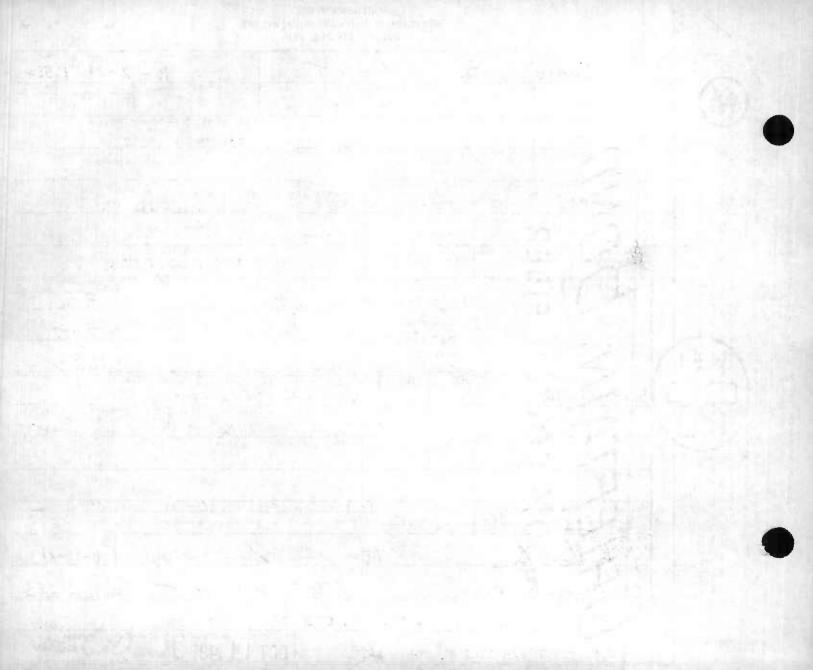
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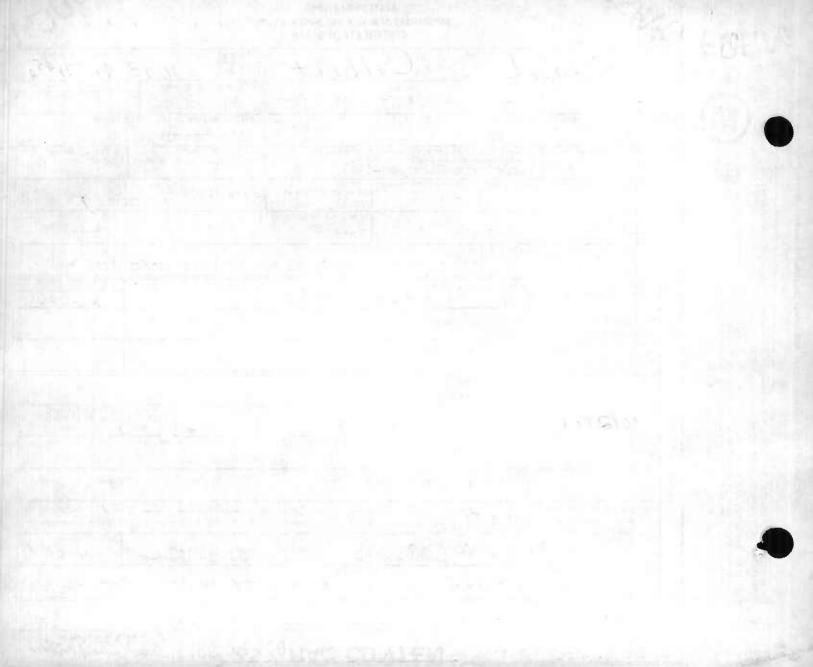


- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1.	FOR - STATE			DEPARTM		E OF MARYLAND IEALTH AND MENTAL HYG	IENE 8	2	5 /	4 8
	REGISTRAR				CERTIF	FICATE OF DEATH	REG. N	Ο.		
	ECEASED NAME	FIRST		MIODLE		LAST	20. DATE OF DEATH	MONTH OA	Y YEAR	2b. HOUR
(11)	-E OR PRINTS	CAROL		В.	COLE		10 1	503A M		
3. SE	X	4.	RACE		5 DATE (		6. AGE (IN YEARS LAST BI	THOAY) IF	FUNDER TYEAR	IF UNDER 24 HRS
	Female	0.00	White		Feb	ruary 4, 1930	51	YRS.	JNIMS. DATS	HOURS MIN.
	IRTHPLACE (STATE OR COUNTRY)	FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	-	OF DEATH	
	Maryland		U.S.A		WIDOWI		BALTIMOF			M
1	BALTIMORE		UNION	MEMORIAL	HOSP	OR OTHER INSTITUTION	OSUAL OCCUPAT (IVPE OF WORK FOR MOST OF MOST	ON DE WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS OI
130.	STATE  Maryland	NU COUNTY		Stonelei	gh	13d INSIDE CITY LIMITS? YES NO 🔼	13e STREET ADDRESS 805 Ch	ımleigh	Road	
14. F/	ATHER'S NAME	MIC	POLE	LAST		15. MOTHER'S MAIDEN NAM			241	
	Howard	E	•	Rein		Helen	B.		adford	
	WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	IN U.S. ARME		219-30-16		Mr. Wayne R.	Cole 850 C		n Road	
2	Conditions, if ony gove rise to improve (a), statistic underlying cause	mediate ng the last.	DUE TO, O	RAS A CONSEQUE	NCE OF	RCINOMA OF THE RTENSION NOT RELATED TO THE TERMI				11
ERTIFICATION	19a. DATE OF OPERATION 19b			ITION FOR WHICH	OPERATIO				WERE FINDIN	
U	OR CONTRIBUTING CAUSE OF DEATH HOUR			IME OF INJURY JR A.M. MONTH DAY YEAR P.M. 19				YES JRY IN ITEM 18, PAR	RT I OR PART 2)	
MEDICAL	21d. INJURY OCCUR  WHILE NOT WE AT WORK	FILE	21e PLACE	OF INJURY REET FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
	22a. I certify that (I) saw the deceas abave, (I) (we) (: 22b. SIGNATURE  22d. PHYSICIAN'S N.	ed olive an did) (did not) v	10/17 view the body	19 8		nd that in (my) (our) apinion of DEGREE  ATTENDING PHYSICIAN	, to	FF	ond from the	
	CARL S	PERLIA	16, M			201 E. UNIVER		av 21	1228	
	Burial, Cremation, Efftömbment	REMOVAL	23b. DATE 10-20	0-1981 Du:	laney	Valley Mauso	leum city of Cock	eysvil	18 MIY	Maryla

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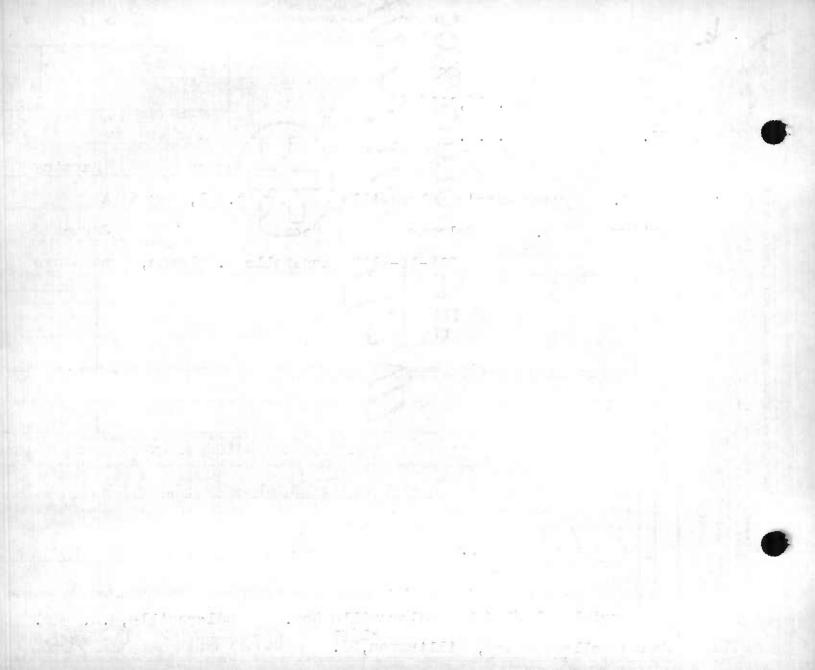
24 FUNERAL DIRECTOR 1050 York Road Ruck Towson Funeral Home. Inc. Towson, Maryland

250. DATE REC'D. BY REGISTRAB PAR REGISTRAR V SIGNATURE TO

The state of the s 

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-S 1, 2, AND 3 TO THE FUNERAL DIRECTOR.
PM. 3. RETAIN PAGE 5 FOR YOUR FILES.
ND 2 SHOULD BE FILED, WITHIN 72 HOURS
AUZAL RECORDS, 201 W, PRESTON STREET. DEATH MATED 81 Charles Amos Coleman 10 100 4 RACE YEAR & AGE (IN YEARS | IF UNDER 1 YR DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 26,191 6 65 YRS 1981 male white DEAD To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY Md. U.S.A. Baltimore City DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS Baltimore University Hospital Farmer Farming Rt.# 1 'sSudlersville 13d INSIDE CITY LIMITS? Box 59 A Md. NO X FORM PM 3. SES 1 AND 2.S 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Arthur Reba MIDDLE Coleman Jarman 160. WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS HIEF MEDICAL EXAMINER ALONG WITH FOR USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 OF HEALTH AND MENTAL HYGIENE, DIVISION (RIAL, CREMATION, OR REMOVAL. 218-10-7132 Annabelle H. Coleman. above as 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: Multiple Injuries IMMEDIATE CAUSE (a). DUE TO. OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? 21201 PRIOR TO BURIAL, YES Y NO EXECUTE THE CERTIFICATE, WRITING THE WOS PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFTER DEATH, WITH STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BUI Farm tractor pulling equipment ran over subject 21a. EXTERNAL CAUSE WAS 216 TIME OF INTURY HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 1 PAM 10 21f. LOCATION STREET, FACTORY, FARM, ETC.) AT WORK XXAT WORK farm Box 59A, Coleman Road, Sudlerville, Queen An Co MI 22a I certify that I taak charge of the remains described above, held an Autopsy Inspection Accident XXXX Suicide Hamicide Undetermined manner TITLE (SPECIFY) 10/11/81 Assistant SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. 111PennStreet Balto MD 21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Burial Sudlersville Cem. Sudlersville. BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256, REGISTRAR 3 SIGNATURE OCT 2 1 1981 James Kan 1/2 **DHMH-17** & Son, Millington, Md. Edward Fellows (VR A15 ME (5))

15M 2/80



Annapolis, Md.

(VR A 15 (4))

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e # # # # # # # # # # # # # # # # # # #		CEASED NAME FIRST OR PRINT) BENN	MIDDLE	Č	ollins	20. DATE OF DEATH	10 - 4 - 81	26. HOUR_
	3. SEX	MALE	1 RACE BLACK	S. DATE O		6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
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BS BS	13e S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	138. INSIDE CITY LIMITS?	13. STREET ADDRESS 130 WestCro	oss St.	
300	14 FA	THER'S NAME	MIDDLE LAS		15 MOTHER'S MAIDEN NAM		LAST	
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2	CERTIFICATION	19a date of operation	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES (	GS USED OF DEATH?
or Item 18 sha	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE- (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	HOUR A.M. MONTH	H DAY YEAR	21s. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
morkedo	ME	AT WORK	HOME, STREE), FACTORY, O		STREET	CITY OR TOW	N COUNTY	STATE
Dept. of He f Hem 21 is		22s.1 certify that (II (this haspi saw the deceased alive on above, (II (ws) (did) (did no 22b. SIGNATURE	The second secon	19. <b>%</b> f , one	that in (my) (our) opinion d EGREE  ATTENDING	eoth occurred on the do	te and hour and from the c	
with the Stote		22d. PHYSICIAN'S NAME (TYPE O	prprihi)	M.D.	PHYSICIAN [	DIRECTOR PHYSIC	H. Md ZIZ	37
3 ₹	23e. B	URIAL, CREMATION, REMOVAL REMOVAL			METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
50M 1/76	24 FU	UNERAL DIRECTOR	ADDRE		25a. DATE	REC'D. BY REGISTRAR	Sb. REGISTRAR'S SIGNAT	ar then

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16	N		3. SE	Male		4 RACE White		S. DATE C		6. AGE LINYEARS LAST E	RTHDAY)	MONTHS DAYS	IF UNDER 24 MRS HOURS MIN.
	E C	35		RTHPLACE (STATE OR F	ORE:GN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY Baltimo	_	Y OF DEATH	
ofter de	led with	23	10. C1	TY OR TOWN OF DEA Baltimore		11. NAME OF	HOSPITAL, NURSIN	IG HOME C	Hospital	12a USUAL OCCUPA (Type OF WORK FOR MOST Supervis	TION OF WORKING	126. KIND O	F BUSINESS OR
24 haurs	ould be for	35	13a S	AL RESIDENCE (# NUR TATE Aryland	NV COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE  134 CITY OR TOW  WOODD	ADMISSION)	13d. INSIDE CITY LIMITS?	13. SIREEI ADDRESS 5839 WG			
ed within	and 2 sh	100	_	THER'S NAME FIRST Lee		evi	Condon		15 MOTHER'S MAIDEN N BESSI	AME		Bar	
be execut	Pages 1	2	16a V	VAS DECEASED EVER (ES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)			Betty R.	Condon, Sa		s #13	
rtificate t	anpapers emaval.			18 CAUSE OF DEATH PART I. DEATH W		y ane cause pe D BY: E CAUSE (a)_	er line for 10 , (b), and	us	ARRE	55		APPROXI BETWEEN C	MATE INTERVAL DNSET AND DEATH
death ce	ave corbo			Canditions, if any,	which	DUE TO, (	OVER		tming	Sepsi	5	3	weeks
that the	al, crema			gave rise to imm cause (a), statin underlying cause	nediate g the last	DUE TO, C	DR AS A CONSEQUE		HAGIL S	PANCREA	ח'וח'	5 3	nos
requires en signed	Then pl		NOIL	R	en:	AE	FAILUR	e_		MINAL DISEASE OR COI		IVEN IN PART 10	
The law cian. e has be	giene pric	9	CERTIFICATION	16 21 8	35	196 CONE	MORRHAGIN	0		200 AUTOPSY?	INCERT	ES, WERE FINDIN IFYING CAUSES YES []	OF DEATH?
SICIAN: ng physic certificat	ental-transental Hygeltem 18 s	9		21g. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEA			Y YEAR	216 HOW INJURY OCCU	RRED (ENTER NATURE OF IN)	URY IN ITEM 18	PART I OR PART 2)	
NG PHY offendir	as the but thand M		MEDICAL	21d INJURY OCCURR			OF INJURY TREET, FACTORY, OFFICE F	ARM ETC )	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
ATTENDII spital ar CTOR: A	of Healt			220.1 certify that (I saw the decease above, (II) we) (d	balive on	101	28 10	an an	d that in (my) (aur) apınia	n death accurred an the	date and ho	ur and fram the	that (I) (we) last causes stated
TAL OR y y the ha	detached tote Dept VT. If Iten			226 SIGNATURE	Ru	as	NS	(	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN X	22c. DATE	28/81
D HOSPITAL torned by the	should be d with the Sto MPORTANI	1		22d. PHYSICIAN'S NA	1	RUA			601 N	, BROAM	WA	y BAL	ro, MD.
BP_		1		URIAL, CREMATION, SPECIFY) Buria	REMOVAL	10-31	1-1981 23c. N	Morg	emetery or crematory an Chapel			arroll	
DHMH - 16: (VRA 1				narles W.	Burr	ier,J	r.,Sykes	vill	e, Md. 2500	T30 1981	PS REGIS	STRAP'S SIGNATI	V.Then

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3	1.	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYC		2 5	154
		CEASED NAME FIRST		MIDDLE	L	NST	20 DATE OF DEA	G NO.	YEAR 2b. HOUR
noy be poge 3		Nanc		. C	onhurs			10/29/81	4:35 RM
tor, p	3. SE	× Female	4 RACE Whit	e	S DATE O	T 17/1898	6. AGE (IN YEARS LA	AST BIRTHDAY)  IF UNDER  MONTHS  YRS	DAYS HOURS MIN
ooth. Pog	7a. 8	IRTHPLACE (STATE OR FOREIGN OUNTRY) Virginia	76 CITIZEN OF	WHAT COUNTRY	12 8	NEVER MARRIED		ITY OR COUNTY OF DE	EATH
s offer de		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS CHEACILITY, GIVE STREE P NURS in	ING HOME O	ROTHER INSTITUTION	12a USUAL OCCI	UPATION 126 MOST OF WORKING LIFE) IN[	KIND OF BUSINESS OR DUSTRY
124 hour	130	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION		ORE ADMISSION)	138 INSIDE CITY LIMITS?		Charles St.	Balto.Md.
ompletely ond 2 sh	14 F	ATHER'S NAME William	MIDDLE H.	Perkins		15. MOTHER'S MAIDEN NA FIRST Martha	E.	Richa	rdson
on ond co	(	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	216-14-		Melchor Nur		2327 N.Cha	arles St
ficote le physicio popers novol.		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS		candie	and icil	that	ut.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
oth certing procession of the corporation of the motic events and the corporation of the		4292	DUE TO, O	R AS A CONSEOL	UENCE OF	1 1 4			
t the death t the attend e remove co rremotion, o		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, O	R AS A CONSEO		hemt Tail			
igned by en pleose buriol, o	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CO		DEATH BUT	OT RELATED TO THE TERM	AINAL DISEASE OR	CONDITION GIVEN IN	PART No
he low requon.  on.  to permit. The ene prior to ows ony inju	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATION	WAS PERFORMED	200 AUTOPSY	IN CERTIFYING	E FINDINGS USED CAUSES OF DEATH?
CIAN: TI physical phy		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	CAID		DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE O	FINJURY IN ITEM 18, PART I OR	(PART 2)
G PHYSICI ottending   er this cert sithe buriol ond Mente	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE		211 LOCATION STREET	CITY	OR TOWN COL	UNTY STATE
TENDIN bitol or o TOR: Aft for use os of Health		220.1 certify that (I) (this has sow the deceased alive a above. (I)			A 1	d that in (may) (our) opinion	, 10		, that (I) (we) lost
AL OR AT OR AT OR AL DIRECTOR DIRECTOR OF THE ORDER OF TH		72h SIGNATURE	aro	Ry	w	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P		10 BOBI
TO HOSPITAL retoined by to TO FUNERAL should be del with the Store		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	/		22e ADDRESS	+ PAN		21202
001	23a.	BURIAL, CREMATION, REMOVA	. / -			METERY OR CREMATORY	23d. LOCATION CITY OR TOW	N COUNTY	
BP	24 F	Burial UNIFRAL DIRECTOR	10ct.3	1,1981	Loudon		Baltin	NOTE TRAR 256. REGISTRAR'S	Md •
DHMH - 16 60M 1/75 (VR A 15 (4))		Leonard J. R	uck Inc.	Baltimo	ore. Md	22/01	-	Hanca V	an Weather

Parameter Control Country and Control 
Dundalk, MD. 21222

7922 Wise Avenue

			REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	REG. NO.  20. DATE OF DEATH MONTH DAY	20 11001
r deoth			Robert		Cook	10/25/81	11:25 <sup>p</sup> ,
satter		3. SE	Male	4 RACE White	5. DATE OF BIRTH  2 16 07		UNDER 1 YEAR IF UNDER 24 HRS
26	3		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY O	FDEATH
V	17	4	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRE		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OF INDUSTRY
of H	74	USU.	AL RESIDENCE (IF NURSING HOME OF	NORTH CHARLE	ORE ADMISSION)	KETIRED	POST OFFI
C	53		MD BAL	TO. PINESV	YES NO	130. STREET ADDRESS 7205 CHALKS	TONE Dr. Apt
1	30	P	ATHER'S NAME  AR KER	MIDDLE COOK	KAYTHRY N		CKS DALE
udo.	2		VAS DECEASED EVER IN U.S. AR YES, NOOR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECULAR OR DATES)		J. COOK SAME	
enfol Hygiene prior to burial, others	I is shows only into the state of the state	AL CERTIFICATION	gave for to immediate cause (a) stating the underlying couse fost.  PART 2. OTHER SECTION 190 DATE OF OPERATION 9/10/81  210. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DEA	LOWSLEY CYS Above knee  21b. Time of injury HOUR A.M. MONTH	totomy amputation, left least year 21c How Injury occur	20b. IF YES, VO IN CERTIFYIN YES RED (ENTER NATURE OF INJURY IN ITEM 18 PART	VERE FINDINGS USED NG CAUSES OF DEATH?
ond Meni	xed or He	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)	19 71f LOCATION STREET	CITY OR TOWN	COUNTY STATE
of Health	ow \$1 17 u		sow the deceased alive on above, (I) (we) (did) (did no	of 25 19 tiew the body ofter death.	, and that in (my) (our) opinion	, to	, that (1) (we lo
of DIRE	E		276. SIGNATURE	www.lit, m.	PHISICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/26/8
300 -	X /		A. C. C. H	OUVALIT IN	27e ADDRESS	Samuel Bally	
should be deto	2 /			/			

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W.E. MARCH F/H 1101 E. NORTH AVE.

STATE

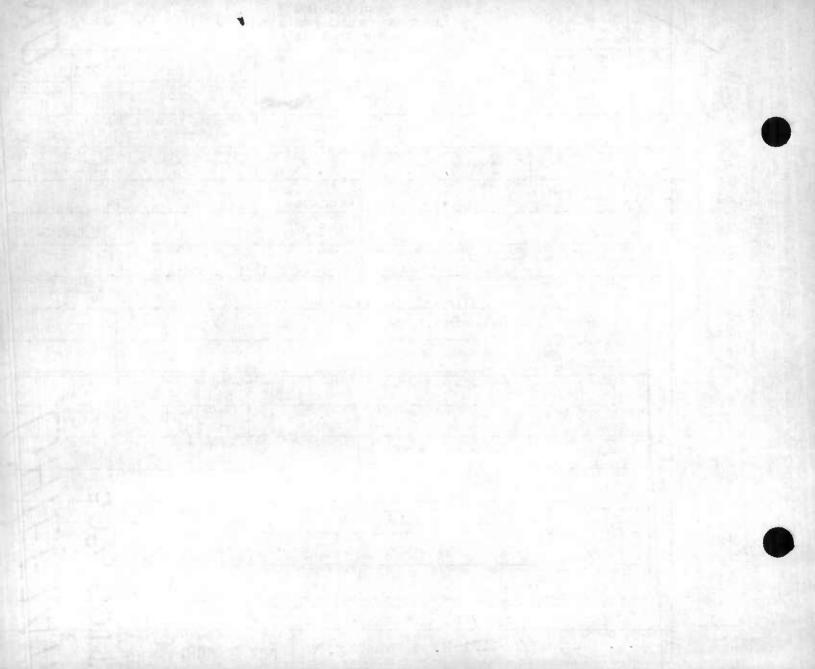
DHMH - 16 50M 1/81

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH



JAMES

M.

- STATE

LTYPE OR PRINTE

DHMH - 16 50M 1/81

(VRA 15, 4)

REGISTRAR

I DECEASED NAME

Ries 17 INFORMANT Williamstown ADDIESS J. 08094 K. Ewell, 78 Kennedy Drive APPROXIMATE INTERVAL BETWEEN ONSET AND DEA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY and that in (my) (our) opinion death occurred on the date and hour and 22t. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN (SPECIFY) Philadelphia, COUNTYPa. STATE Dakland Cemetery, Co. 10/19/81 Burial 1630 Edmondson Ave., Catonsville, Md 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Witzke Catonsville FuneralHome, P.A. 21228

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST COOPER. JR.

REG NO

26. HOUR

125 KIND OF BUSINESS OR

Westinghouse

IF UNDER 1 YEAR

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70 DATE OF DEATH

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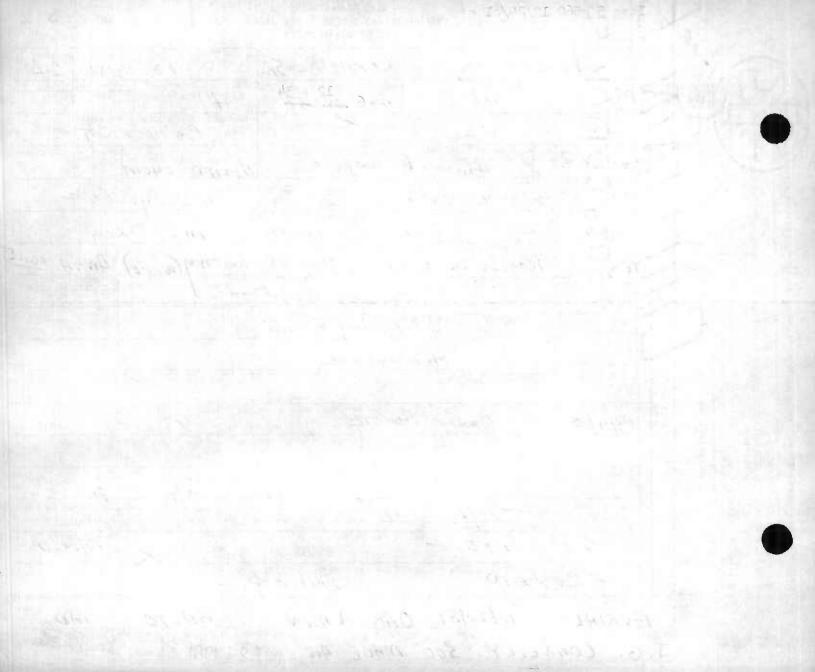
ELEVANOR SELECTIVES SELECTIVE SELECT THE PARTY AND STORY Some Court Street Es and The Expense Billion E. Wanney J. Jan 

- STATE

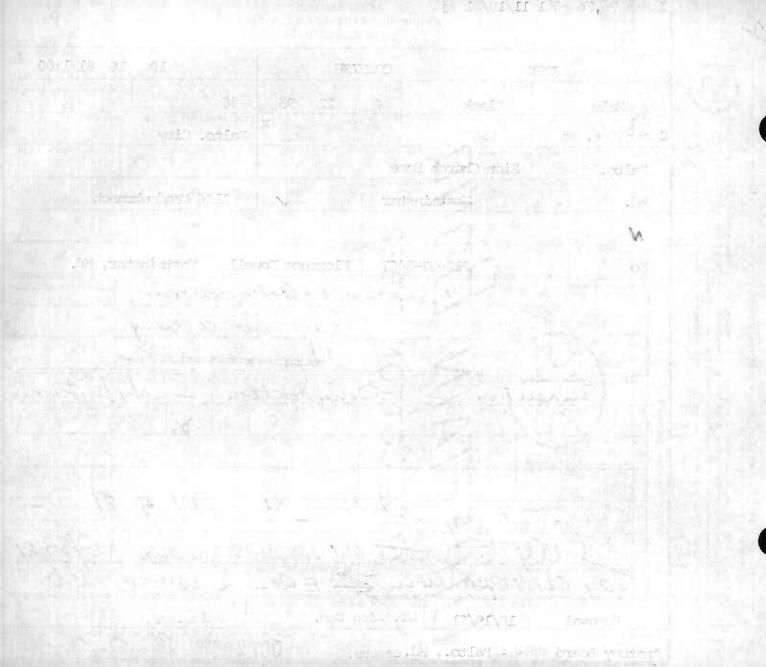
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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24 hours offer death. Page 4 may be illed in by the funeral day of the last and be illed with 72 hour section.	1. DE (17P) 3. SE 70. B C a 10. C	FOR - STATE REGISTRAR  CEASED NAME E OR PRINT)  JOHN  X  Male  IRTHPLACE (STATE OR FOREIGN COUNTRY)  COUNTRY)  ITY OR TOWN OF DEATH  Balto.	MIDDLE  4. RACE  Black  7b. CITIZEN OF WHAT COUNT  USA	CORN  5. DATE OF MONTH 4	TSH BIRTH 22 95		10		26 HOUR 1:00
24 hours offer death. Page 4 may be illed in by the funeral disc are so used by the fine of the fine o	3. SE 7a. B C a 10. C	Male  INTHPLACE (STATE OR FOREIGN COUNTRY)  Ambridge, Md  ITY OR TOWN OF DEATH	A. RACE Black 7b. CITIZEN OF WHAT COUNT USA	5. DATE OF MONTH	TSH BIRTH 22 95	6. AGE (IN YEARS	10	16 81	1:00 IF UNDER 24
24 hours offer death. Page 4 may be illustrated that the timestal the authorities and the death of the timestal the timestal the timestal that the timest	3. SE 7a. B C a 10. C	Male  IRTHPLACE (STATE OR FOREIGN COUNTRY)  INTO OR TOWN OF DEATH	A RACE  Black 75. CITIZEN OF WHAT COUNT  USA	5. DATE OF MONTH	BIRTH 22 YEAR 95			IF UNDER I YEAR	IF UNDER 24
24 hours offer death. Page 4 may likely in py the funeral and offer and by the funeral and by the funeral and by the funeral and by the funeral by the funer	70. B Ca 10. C	Male IRTHPLACE (STATE OR FOREIGN COUNTRY) IMPORTING MA ITY OR TOWN OF DEATH	Black 76. CITIZEN OF WHAT COUNT USA	монтн 4	22 95		LAST BIRTHDAY)		
24 hours after death. Page 4 illied in by the tunerall the regulation of the tuneral the regulation of	C a	IRTHPLACE (STATE OR FOREIGN COUNTRY), AMBORIAGE, Md	76. CITIZEN OF WHAT COUNT USA	4		86		MONTHS DAYS	
24 hours after death. Pa	C a	ity or town of DEATH	USA	TRY? 8 MARRIED			YRS		HOURS
24 hours ofter d	USU		11 NIAME OF HOCDITAL NULL	WIDOWED	NEVER MARRIED  DIVORCED	Balto.	City <u>or</u> coun	TY OF DEATH	
24 hour	USU 13a		IF NOT IN SUCH FACILITY, GIVE S  Zion Church		OTHER INSTITUTION	12a USUAL OCC	UPATION MOST OF WORKING	126. KIND OF INDUSTRY	BUSINE
		AL RESIDENCE (IF NURSING HO OR STATE UN	OTHER INSTITUTION GIVE RESIDENCE B NTY 13c. CITY OR T Westmi	TOWN	13d. INSIDE CITY LIMITS	13e. STREET ADE	RESS Meadowl	oranch	
mpletely and 2 sh	14. F/	ATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN		IDDLE	LAST	
d co		WAS DECEASED EVER IN U.S. AR		SECURITY NO.	17 INFORMANT		ADDRESS		
Pog Pog		YES NO OR UNKNOWN) (IF YES, GIV	218-52	-3467	Florence 1	Powell	Westmins	ster, Md.	
equires that the de in signed by the at Then please remov r to buriol, cremotic injury, or other troi	NOI	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT C	4		7	ferral DISEASE OF	CONDITION C	IVEN IN PART I(O	eus
The law incident.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WH	HICH OPERATION		200 AUTOPS	IN CER	ES, WERE FINDING TIFYING CAUSES O YES [	
physical relation of the physical physi		210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEA  (IF EITHER NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH	DAY YEAR 19	21c. HOW INJURY OCC	URRED (ENTER NATURE	OF INJURY IN ITEM I	8 PART ! OR PART 2)	
offending offer this ce to so the buring hand Merch the sorther the buring hand Merch the total	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		211. LOCATION STREET	CI	TY OR TOWN	COUNTY	S1
AL OR ATTENDIL y the hospital or AL DIRECTOR: A detached for use, ate Dept, of Heal If them 21 is mo		220. I certify that (I) (this baseled) attended the deceased from							ouses sto
TO HOSPITAL etained by the TO FUNERAL should be det with the State IMPORTANT:		524 OLD	TOWN MA	ALL E	ADDRESS ERI	c h.	SHIT	B M.	5
P = P = S = S = S = S = S = S = S = S =		BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial		23c. NAME OF CE	METERY OR CREMATO	CITY OP 1		COUNTY	51
DHMH-16 30M 2/80		UNERAL DIRECTOR  TOU O. Duett 46				OT 9 0 198	STRAR 25 PEGI	STRAR'S SIGNATU	RE



<b>X</b>		1-	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 2 5 7 6 4  CERTIFICATE OF DEATH  REG. NO.								
1	n #		CEASED NAME FIRST OR PRINT) MARGA	ALET LORENNA CORSON			AST	REG. NO.	AY YEAR 26. HOUR			
		1 SE	Female Libit		5. DATE OF		H DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS			
		7- 01	Female  RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8		Nov.	21,1909	71 <sub>YRS.</sub>				
		on Bi	Pennsylvania			MARRIE	D NEVER MARRIED DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH				
101	Partie		TY OR TOWN OF DEATH  BALTIMORE	11. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) UNION MEMORIAL			12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker	12b. KIND OF BUSINESS OR INDUSTRY				
ND 212		130 5	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUP aryland	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ALL NTY 13¢ CITY OR TOWN B 1timore		re   13d. INSIDE CITY LIMITS?		? 13e STREET ADDRESS 183 Hollen Rd.				
BALTIMORE, MARYLAND 2120	omplet ond 2	14. FA	Charles Henry	Dading	LAST		15. MOTHER'S MAIDEN NA Charlott	e Wilkinson	LAST			
IMORE,	Poges I		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? /E WAR OR DATES)	216-46-1		Burton F. C	orson Same				
DIVISION OF VITAL RECORDS, 201 W. PRESTON 51.,	on signed by the attending F. Then please remave carbon rab burial, cremation, arreninjury, ar ather traumatic ev	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, O  (b)  DUE TO, O	OR AS A CONSEQUE CARDIO OR AS A CONSEQUE	NCE OF NCE OF	IC SHOOK, I	MYOCATED IN INF				
AL RECO	ote has been nsit permit.	CERTIFICAT	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	YES NO YES				
HYSICIAN.	nding physical rice buriel from the arrived transfer or frem 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTION CAUSE OF DEA (HE ETTHER NOTHEY MEDICAL EXAMINES 21d. IN JURY OCCURRED	HOUR A. P. 21e. PLACE		19	211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18, PAI	COUNTY STATE			
DIVIS	OR: After the ruse as the f Health and I is marked	×	WHILE AT WORK  22a.t certify that (I) (this haspi	tol) ottended th	ne deceased from	10	19 SI	to 10119 1	9_81, that (I) (we) lost			
HOSPITAL OR ATTEN oned by the hospital of the hospital or the hospital older one ould be detached for up the sorte best of the white State Dept. of the	State		obove, (I) (we) (did) (did no 17b. SIGNATURE  12d. PHYSICIAN'S NAME (TYPE O Vincent A.	A D	Putu		ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 10/19/81			
27/2	BP	23a. B	BURIAL, CREMATION, REMOVAL SPECIFY) Burial				Pres. Church	23d LOCATION CITY OR TOWN  Baltimore City				
DHA	AH-16 30M 2/80 (VRA 15, 4)	24 FU Mi	INERAL DIRECTOR  tchell-Wiedefe					ET 23 1981 Tiene	APSSIGNATURE			

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	211		FOR STATE REGISTRAR			DEPARTMENT	OF HEALT		NTAL HYGI	LATH	REG. NO.	5	7 6	1		
	38.8.8.8. FT.		CEASED NAME E OR PRINT)	Trac	су	L.	Cox	LAST	Sr/		OWN XX MO	10	15 81	2b. HOUR		
	RY, PLEASE DIRECTOR. OUR FILES.	male		. 1 * 4	Sept. 28	YEAR LAST BI	RTHDAY) MON		F UNDER 24 HR	PRONOUNCE DEAD		10	15 <sub>19</sub> 81	10:34		
0	S NECESSARY, PLEASE E FINERAL DIRECTOR. E 5 FOR YOUR FILES. ED. WITHING HOURS I WENERTH HOURS	FC	RTHPLACE (STATE OF PREIGN COUNTRY)	ina	76. CITIZEN OF W	HAT COUNTRY?		RIED   NEVE	ER MARRIED [	B	altimo	re C		an MD.		
	ELAY IS TO THE F I PAGE BE FILED, SS, 201 V	Ba	ity or town of d altimore		ATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT IN SUCH FACULTY, GIVE STREET ADDRESS)  16 S. Ann Street  (apenter)							VORK 12b	OR INDUSTRY			
10016	AND 3 AND 3 RETAIN HOULD RECORE	USU / 130. S	AL RESIDENCE (IF IN	NURSING HOME OR		130 CITY OR TOV	MISSION) /N	13d INSIDE CITY	NO [] 13. S	TREET ADDRESS	Street	t				
1	DEATH. III		Unknown		MIDDLE	Cox	Sec.	Ma	rtille	MIDDLI		Un	Unknown			
C	AFTER SIVE PACE IN FORUMENTAL FOR	16a. \ -{Y	VAS DECEASED EVE ES, 19 OR UNKNOWN) <b>C1</b>	R IN U.S. ARMI	ED FORCES? AROR DATES)	245-07-3	293		7. INFORMANT ADDRESS  Jracy (ox gr. 16 S. Ann Str					reet		
POLICE MAN CONTRACTOR	EXECUTED WITHIN 24 HOUSE IN PENCIL IN ITEM CAL EXAMINER ALON BURIAL - TRANSIT PER I AND MENTAL HYGIEN ATION, OR REMOVAL	NO	Conditions, if gave rise to couse (a) staticlying couse lo	ony, which immediate under-	BY:	e for (o), (b), ond (c).  Arteriosc  R AS A CONSEQUEN  R AS A CONSEQUEN  BUT NOT RELATED TO THE	leroti ICE OF			ar disea	se		BETWEEN ONSE	AND DEATH		
A PA	ロローのエラ	CERTIFICATION	190. DATE OF OPE	RATION	19b. COND	ITION FOR WHICH (	PERATION	WAS PERFORM	NED?			2	20 AUTOPSY?	NO XX		
	THIS CERTIFICATE SHE WARDED TO THE CH WARDED TO THE CH AGE 3 SHOULD BE THE CHECKES SHOULD		210 EXTERNAL CA UNDERLYING CONTRIBUTING	OR		A. MONTH DAY	YEAR	HOW INJURY C	OCCURRED (ENT	ER NATURE OF INJURY	IN ITEM 18 PART 1	OR PART 2)				
	E. THIS CERT TE, WRITING TE, WRITING TE, PAGE 3 SI STATE DEP.	MEDICAL	21d. INJURY OCCU WHILE DO AT WORK AT	OT WHILE D		OF INJURY (AT HOA TORY, FARM, ETC.)	ie. 211 L	OCATION STREET		CITY OR TOWN		COUNTY	r	STATE		
05	TO MEDICAL EXAMINER: THE  TO MEDICAL EXAMINER: THE  TO FUNERAL DIRECTOR: PAR  TO FUNERAL DIRECTOR: PAR  AFTER DEATH, WITH THE STA'  BALTIMORE, MARYLAND, 21,	24. F	death resulted from the control of t	Horme ,REMOVAL 23k	ez R. Gu	Hickory	Suicide CEMETERY	Homicie TITLE (SPI M.D. ASSI  ADDRESSI  OR CREMATOR  Baptin  25	Penn S RY 23d  L So DATE REC'D.	XX Inquiry  Betermined manner  EDICAL EXAMINE  Treet Ba  LOCATION  ITY OR TOWN  Rowland  BY REGISTRAR	R S	DATE SIGNED	10/15 201	ATE		
	(VR A15 ME (5))	10	hn M. Wel	per a J	ons ync.	401 3. (	heste	r Jt.	OCT 2	0 1981 4	27.70	1				

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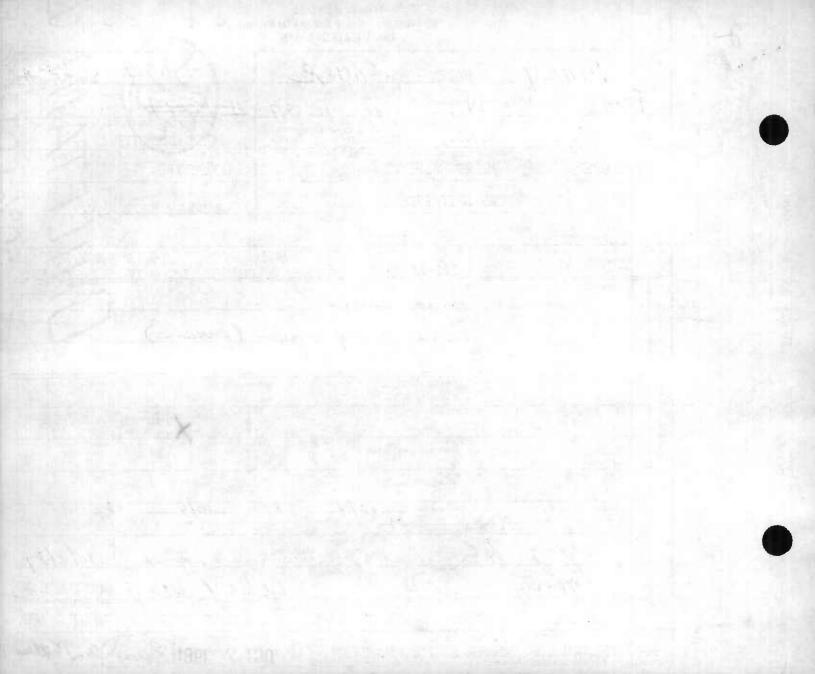
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0	1 -	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8   REG. NO	450	争人	6 8	
· (M)		CEASED NAME FIRST PAU	MIDDLE NMN	1 PAET		MONTH DAY	YEAR 2b	HOUR	
y or dead	3. SE2		4. RACE	Is. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR			UNDER 24 HRS	
rs aft	J. JL.	Male	White	MONTH DAY YEAR	73	YRS.	ONTHS DAYS HOURS MIN.		
n 72 hou		RTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED NORCED		R COUNTY OF	DEATH	MD.	
led with	10 CI	ty or town of DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOSTO Machinis	ON 1 F WORKING LIFE) II	26. KIND OF B NOUSTRY B&O R	usiness or ailroad	
and be fill	USU/ 13a. S	AL RESIDENCE JIF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION) /N   13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	all place			
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the buriol-transit	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE INFETIMEN, NOTIFY MEDICAL EXAMINE NOT WHILE NOT WHILE	HOUR A.M. MONTH D.	AY YEAR 19 211. LOCATION	PRRED (ENTER NATURE OF INJUI		OR PART 2)	STATE	
roched for use os 5 Dept. of Health If Nem 21 is mort		220. I certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no 22b. SIGNATURE	View the body offer death.	10 -/6, 19 S)  \$/, ond that in (my) (aur) opinio  DEGREE  ATTENDING PHYSICIAN	n deoth occurred on the do	·F			
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- v > < 1		BURIAL, CREMATION, REMOVAL Burial	1 1-	NAME OF CEMETERY OR CREMATORY Len Haven Mem P	CITY OR TOWN		UNIY	STATE Md.	
6 30M 2/80 A 15, 4)		UNERAL DIRECTOR Ba	lto Md.	21225 25a, D	ATE REC'D. BY REGISTRAR		SSIGNATURE		

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	1-	FOR STATE REGISTRAR	DEPARTA	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH		2 REG. NO.	5 /	6 9
		FRALE	HAZEN  14. RACE  WHITE	CR 5 DATE O MONT	AMERO OF BIRTH H DAY YEAR	6 AGE IN YEARS	ATH MONTH  10 - 4  LAST BIRTHDAY)	4-8/ C	HOUR HAN UNDER 24 HRS OURS MIN.
47	W	ASHINGTON, D.C. TY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNTRY?  U.S.A.  11. NAME OF HOSPITAL, NURSIN	WIDOW G HOME		BALT		TY	MD USINESS OR
B7	HSHA	ALTIMORE  LE RESIDENCE (IF NURSING HOLE OF N	MERCY HOSPIT PROTHER INSTITUTION GIVE RESIDENCE BEFORE TROMERY GAITHERSE	ADMISSION)	13d INSIDE CITY LIMITS?	HOUS	PRESS	OK CIRCLE	
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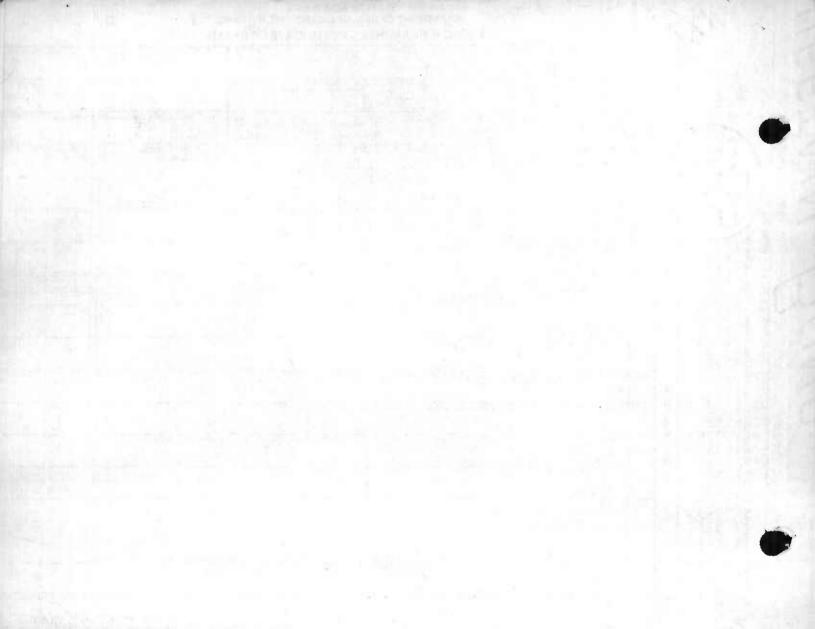
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	FOR STATE REGISTRAR	DEPAR	GIENE 8 1 2					
	I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR			
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a bo	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
ge 4	FEMALE	BLACK	10 27 1981	YRS.	AONTHS DAYS HOURS MIN.			
inth Pour	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY		9. BALTIMORE CITY OR COUNTY BALTIMORE CIT	OF DEATH			
(M)83	10. CITY OR TOWN OF DEATH  BALTIMORE		KINS HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY			
10 H-BS	USUAL RESIDENCE (IF NURSING HO	AE OR OTHER INSTITUTION, GIVE RESIDENCE BEFO OUNTY 13c. CITY OR TO	YES NO [	13e. STREET ADDRESS 3178 REVENWOO	D AVE.			
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be entro	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 166 SOCIAL SEC 5, GIVE WAR OR DATES)	CURITY NO. 17 INFORMANT	ADDRESS 78 RAVENWOOD A	21213			
requires that the death consistent of the signed by the attending. Then please remove control reto burial, cremation, articumants, or other troumants.	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENT CONDITIONS CONTRIBUTING TO	uence of Xia and precon uence of Inc. prematurity	otherax  MINAL DISEASE OR CONDITION GIVE  birth	1/2-2 hrs birth			
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TO HOSPITAL OR retoined by the h	Δ. Δ	urphy YPE OR PRINT)	M.D. ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	10/28/81			
TO HOSE TO HOSE Should be with the IMPORTA	Anne	Murphy	Dept. Ped	liatrics, Johns	Hopkins			
08 H 1	23a BURIAL CREMATION REMO	VAL 23b. DATE 23b. 10/28/81	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	Quality Plate STATE			
DHMH-16 30M 2/80 (VRA 15. 4)	24 FUNERALDIRECTOR	ADDRESS	710	LE RIC'D. BY BO STRANT PLACE	5 SIGNATURE			

Carlo Tay No. 12 

	XX	11-	FOR STATE	5a-22a F		DEPART	MENT OF I	HEALTH	AND ME	ENTAL H			2	5	1.7	600
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	ADE OF	3. SE	X	4. RACE	S. DATE OF BIRTH	YEAR	6. AGE IN YEA	RS IF UN		IF UNDER		C. DATE		MONTH	DAY YEAR	2d. HOUR
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	SER RES	10. C	ITY OR TOWN		11. NAME OF HOS	PITAL, NUR	REET ADDRESS)	OR OTH	ER INSTITUT	TION		AL OCCUPA	TION (TYPE O	F WORK 1	OR INDUST	
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ON	AR TO THE	MEDICAL	CONTRIBUTION	G CAUSE OF	DEATH P.M.		19									
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	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR; AFTER DEATH, WITH THE BALTIMORE, MARYLAND		(TYPE OR PRIN	Mare Mare	parita A	Korel	1 M-F		ADDRESS_	111 P.	ann-C	troot				
1101	PATO PATO	23a. B	URIAL, CREMA	ION, REMOVAL	236 DATE	23c. N	AME OF CEM	ETERY O	R CREMATO	ORY	23d. LOC	ATION		COUNT	C	TATE
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77.15	DHMH-17		UNERAL DIREC		ADDRESS		1				A 1		75 REGIST	RARIS	TURE	
	(VR A15 ME (5))	דנא	liam C.	March F	/H 1101 E	. Nor	th Ave	nue		NOV	2	1981	1	-		



## - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 2a. DATE OF DEATH 2b. HOUR MICHELLE (TYPE OR PRINT) 10/09/81 5:19r APRIL CULLUM 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH June 18,1981 21 Female White 3 ₹0. 8IRTHPLACE ISTATE OF FOREIGN 16. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Maryland USA BALTIMORE CITY WIDOWED DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore Infant HOSPITAL JOHNS HOPKINS USUAL RESIDENCE HE NUR HO HOME OF OTHER INSTITUTION. 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 540 Cherry Hill Road Maryland Harford Street NO X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Cullum, Jr. Randall Byus Frank Ann Nancy C ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) none Frank R. Cullum, Jr. Street, Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY MUML IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF ORLINE 100 Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1161 CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED # 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED FENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING \_\_ CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. IN JURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceosed alive an above (1) (we) (did) (did not) view the bady after death and that in (my) (our) opinion death accurred on the date and haur and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL U STAFF ATTENDING PHYSICIAN [ DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS RELEASE IMPORT, 230 BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Black Horse Md. Harford Oct. 12, 1981 McKendreeCemetery Burial 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 Howard K. McComas III, Abingdon, Md. (VRA 15, 4)

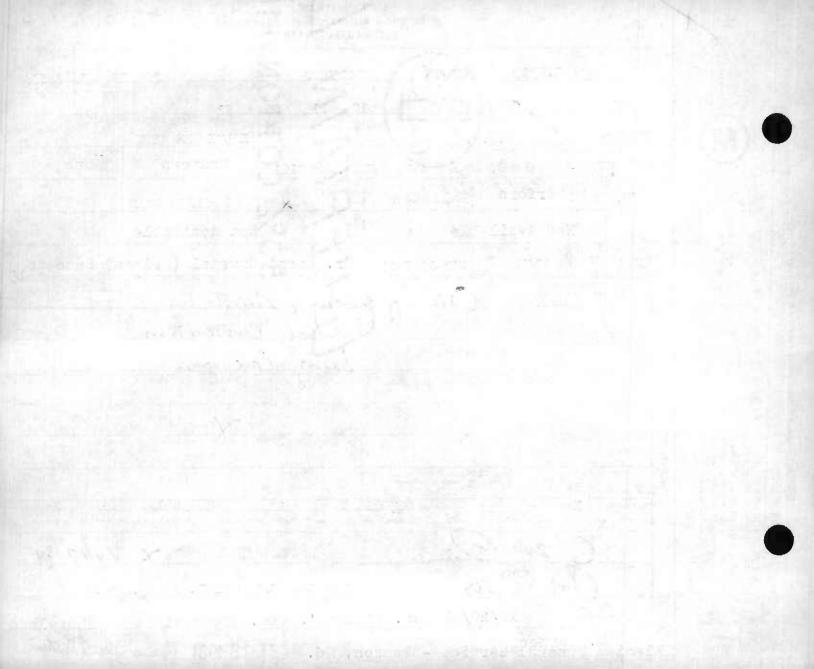
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

and the control of th

Fleming Funeral Service - Benson, Md.

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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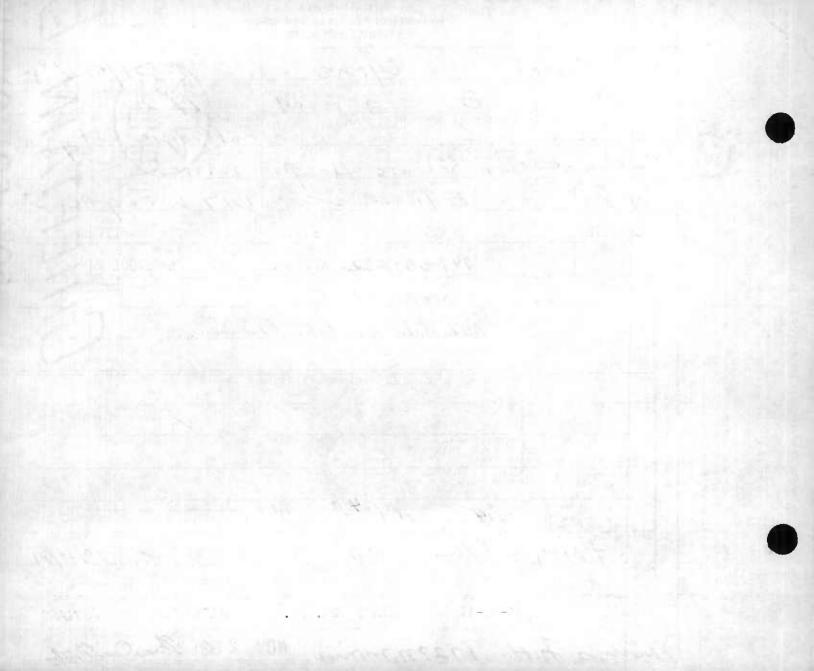
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Poor H	No		Miss Beli	Sha Cunnic	19ham /20's	SAMOOR				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours reflecting physician.  When this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled than Amental Hygiene prior to burial, cremation, or removal.  On them 18 shows any injury, or other traumatic event, the medical explainments to be a contracted or them.	18 CAUSE OF DEATH	Enter anly one couse per line far (o), (b), o	nd (c).)			ONSET AND DEATH				
phys pop pop nov ent,		CAUSED BY: MEDIATE CAUSE (0)		DEREST						
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE



Spencer E. Sewell Box 31 Prince Frederick, MD

(VR A 15 (4))

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FOR - STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	YGIENE 8 1 2
ECEASED NAME FIRST		1	MIDDLE	ı	AST	20. DATE OF DEATH MONTH DAY
PE OR PRINT)	Vinc	cent		D'An	gelo	October 23, 1981
EX		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF U
Male		White		oct	7, 1913 YEAR	68 YRS.
			WHAT COUNTRY?	8.	- D . 151/50	D BALTIMORE CITY OF COUNTY OF
Maryland U.			.A.	WIDOWE	D NEVER MARRIED A	Baltimore Cit
Baltimore	ATH	(IF NOT IN SUC	HOSPITAL, NURSING THE FACILITY, GIVE STREET A Lake Ave		12g. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Chef	
JAL RESIDENCE (IF NUI STATE Maryland	136 COU		134. CITY OR TOWN  Baltimor	1	13d. INSIDE CITY LIMITS? YES K NO	13e. STREET ADDRESS 2239 Lake Ave
ATHER'S NAME FIRST  Joseph		WIDDLE	D'Angelo		15. MOTHER'S MAIDEN N FIRST FRANCES	MIDDLE Vez
WAS DECEASED EVE			166 SOCIAL SECUR	RITY NO.	17. INFORMANT	ADDRESS
(YES, NO OR UNKNOWN)	(IF YES, G	IVE WAR OR DATES)	218-34-2	268	Mrs Mary I	O'Anna Same
Conditions, if any gave rise to im couse (a), statiunderlying cous	WAS CAUS IMMEDIA y, which imediate ing the	DUE TO, OI	R AS A CONSEQUE	NCE OF	farle (	nearly due.

DEATH y MD. 17b. KIND OF BUSINESS OR INDUSTRY deraimi 160 APPROXIMATE INTERV PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 19a DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NOF 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from and that in (my) (aux) apinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Baltimore, Maryland 3128 Harford Rd Conrad L Richter M.D. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN (SPECIFY) Burial 10/27/81 Holy Redeemer Baltimore, Maryland 24 FUNERAL DIRECTOR 25a. DATE REC'D.

should be detached for use as with the State Dept. of Health MPORTANT DHMH - 16 50M 1/BI (VRA 15, 4)

FUNERAL

Leonard J Ruck Inc. Ratkinion

Baltimore, Md

26 HOUR

DAYS

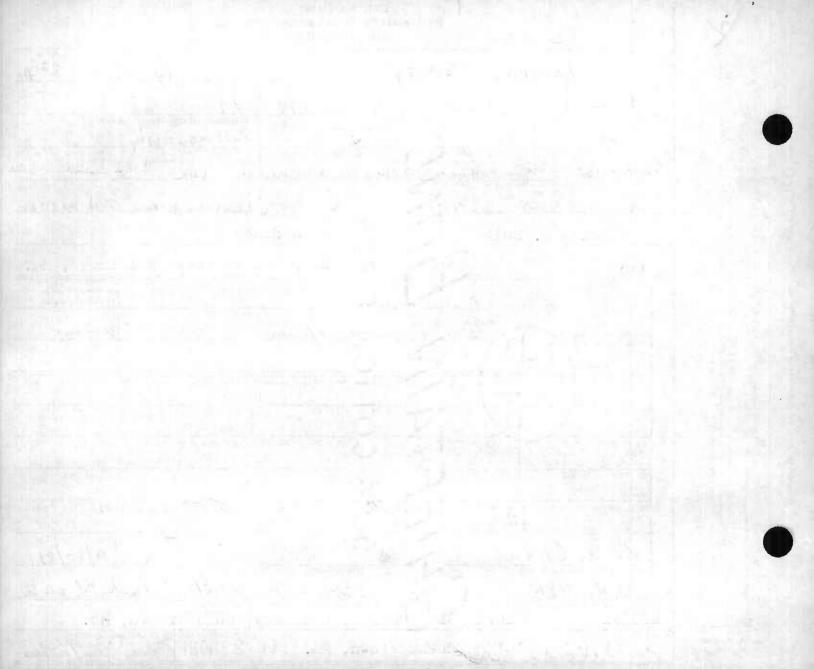
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ALTIMORE, MARYLAND 212	te be executed within 24 hour	recon and campletely fred meters. Pages 1 and 2 shared bridge.	the medicol exorning
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 retained by the hospital or attending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely fixed in the first should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fleet within the State Dept. of Health and Mental Hygiene priacto buriol, cremation, or remayal.	IMPORTANT: If them 21 is marked or them 18 shows ony injury, or other troumatic event, the medical examine
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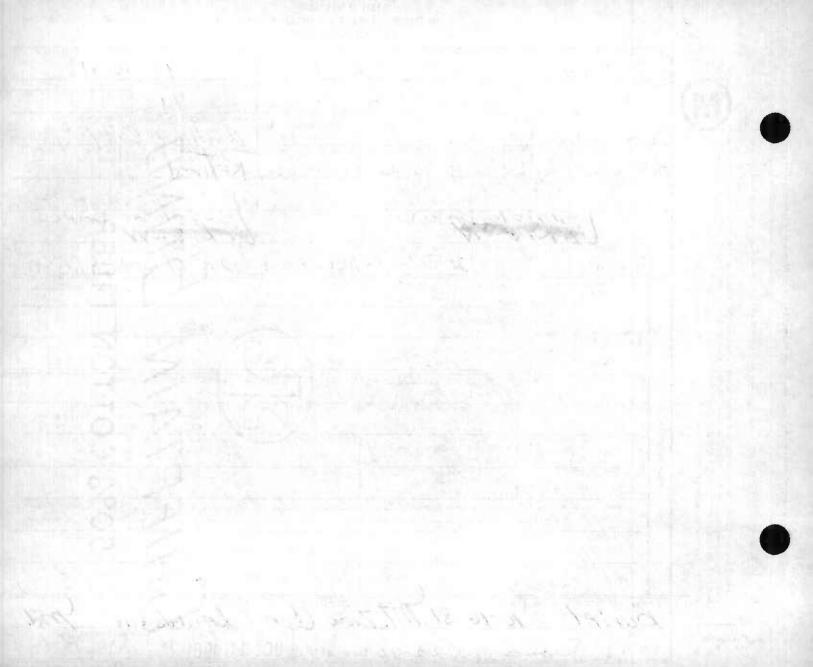
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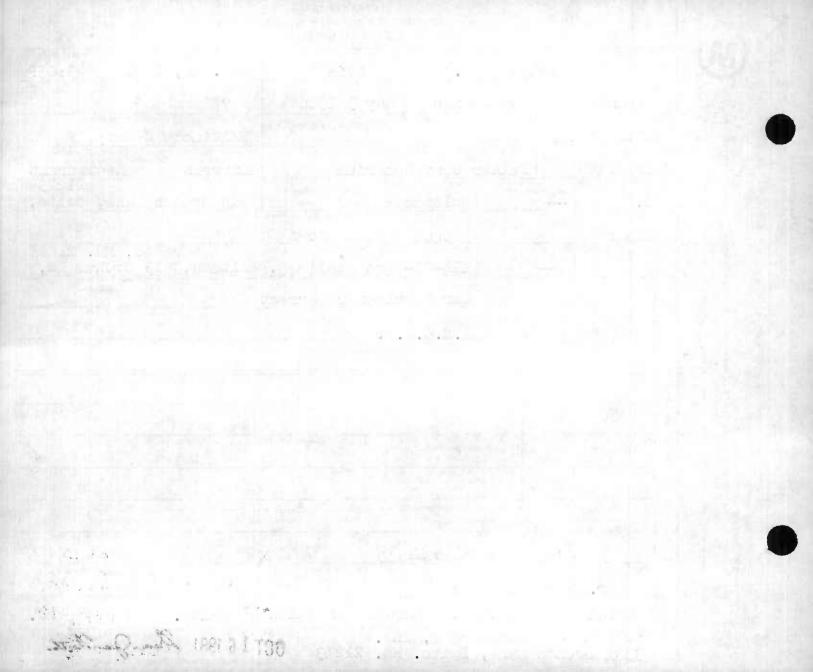
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	3. SE	Χ	4. RACE		5 DATE C			AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Male	White		Oct.	22 1910	-	70	YR.	MONTHS DATS	HOURS MIN.
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3		Maryland	USA	4	WIDOWE			Baltimor	e C	ity	MD.
-	10 C	ITY OR TOWN OF DEATH	11. NAME OF HO			OR OTHER INSTITUTIO		2a USUAL OCCUPATI	ON	12b. KIND OI	BUSINESS OR
X		Baltimore			Hos	pital		TYPE OF WORK FOR MOST O			Auto
	USU.	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION G	THE RESIDENCE BEFORE	ADMISSION)	1		Be STREET ADDRESS			
5		130 6001	imore	Glen Ar		13d. INSIDE CITY LIMI	113?	11420 Mai	nor	Road 2	1057
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C		1.1	C.	Darrel	1	Anna		Louise	2	B	eck
		WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECUR	RITY NO.	17 INFORMANT		ADDRE	SS		
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		gave rise to immediate cause (a), stating the	DUE TO OR						9		
		underlying cause last	1 e	as a consequer	ulc	en					
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		obove,* (we) (did) (did ac		fter death.		nd that in <u>(my</u> ) (our) op	pinion dec	oth occurred on the do	ite and h	our and from the c	auses stated
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	-				*	BUNG		una	CE	) TOCIA -	NOT LIST
	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE			EMETERY OR CREMAT		23d. LOCATION CITY OR TOWN		COUNTY	STATE
	24.5:	Burial	10/23,			gton Cem		Darling			land
		UNERAL DIRECTOR Henr	y W. Je	enkins &			o. DATE R	EC'D. BY REGISTRAR		1 100	arther
	49	905 York Road	Balto.	, Md.	2121	2	LOCI	2.2 1981	Cran	260	

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3 SEX    ACC   STATE   STATE   STATE OF STATE   STATE OF STATE   STATE			IRST MIDDLE	LAST									
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TO THE PART IN DESIGNATION OF DEATH IEITER ON AND DESS OF			4 RACE	5. DATE OF BIRTH									
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100 CT SQUAD   100		The state of the s	IGN 76 CITIZEN OF WHAT COUNTRY	? 8.	9. BALTIMORE CITY OR CO	DUNTY OF DEATH							
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BONDAL RESIDENCE (IF NUMERING HOME OR OTHER INSTITUTION DIGHT RESIDENCE BY ORE ADMISSION)  134 STATE  135 COUNTY  136 COUNTY  136 INSIDE ITY LIMITS?  137 STATE  138 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  14 FATHER'S NAME  15 MORRISHMOWN (IF YES, ONE WAR OR DATES)  15 MORRISHMOWN (IF YES, ONE WAR OR DATES)  16 WAS DECEASED EVER IN U.S. ARMED FORCES?  17 WAS DECEASED EVER IN U.S. ARMED FORCES?  18 SOCIAL SECURITY NO. 17 INFORMANT  19 WAS DECEASED EVER IN U.S. ARMED FORCES?  18 SOCIAL SECURITY NO. 17 INFORMANT  19 WAS DECEASED EVER IN U.S. ARMED FORCES?  18 SOCIAL SECURITY NO. 17 INFORMANT  19 WAS DECEASED EVER IN U.S. ARMED FORCES?  18 SOCIAL SECURITY NO. 17 INFORMANT  19 WAS DECEASED EVER IN U.S. ARMED FORCES?  19 WAS DECEASED EVER IN U.	the the	10. CITY OR TOWN OF DEAT				12b. KIND OF BUSINESS OR PRKING LIFE) INDUSTRY							
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	0 0 0	228. SIGNATURE.	17.1	ATTENDING	MEDICAL STAFF	10/11/15							
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BP 230_ BURNIL, CREMATION, REMOVAL 233. DATE SHAPE OF CEMETERY OF CREMATORY 234 LOCATION OF COMMISSION OF CO	13/11	230 BURIAL, CREMATION, RE	3 61	TAME OF CEMETERY OR CREMATORY	23d LOCATION	CEMINES CHATY							
24 FUNERAL DIRECTOR		24_FUNERAL DIRECTOR	10 10 01 17	250 DA	TE REC'D. BY REGISTRAR 25b.	REGISTRAP'S SIGNALIFE							
DHMH-1630M 2/80 (VRA 15,4)  DAME J. PULL 2008ESS 22 26 ( PORTH 20 OCT 13 1981 Frances)		CZHWET'S	12 20 20 20 20 20 20 20 20 20 20 20 20 20	-26 WPONTH AND OC	T 13 1981 72	incas Lan Thather							





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STATE	OF M	ARYL	AND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

25/80

	REGISTRAR		CERTIFICATE O	DEATH	REG. N	0.				
	1 DECEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH	OAY Y	EAR	2b. HOU	JR
	JOSE	PH C.	DAVIS			10 %	28	81	9:	16P
	3. SEX	4. RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIR		IF UNDER		IF UNDER	
	Male	White	11 5	24	56	YRS.	MONTHS	DAYS	HOURS	M IN.
1	M. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	D A DDIES (XI	9 BALTIMORE CITY C		Y OF DEA	TH		
2,	Baltimore	U.S.A.	MARRIED NEVE	DIVORCED [	Baltimo	re Ci	ty			МГ
U	Baltimore	11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STREE  St. Agnes Ho	ospital	ISTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF Disabled				FBUSIN	
7	SUAL RESIDENCE (IF NURSING HOME OF 130 STATE 136 COU Maryland	PROTHER INSTITUTION GIVE RESIDENCE BEFO INTY 130 CITY OR TO Baltimon	re 13d. INSIDE	CITY LIMITS?	13e STREET ADDRESS 2203 Wilke	ns Av	enue	2	1223	
A	14. FATHER'S NAME FIRST	MIDDLE LAST		R'S MAIDEN NA	ME			145		
(	Joseph	C. Davis	, Sr.	Edna				Unk	nown	L
	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC			ADDRE					
		orea 218-01	-5338 James	A. Dav	is 2203 Wil	kens A	Aven	ue	212	23
	PART I. DEATH WAS CAUS	inly one cause per line for (a), (b), a ED BY: ITE CAUSE (a) Limbline	auest.				BET	WEEN C	MATE INTE	RVAL DEATH
	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	JENGE OF CHILINGER	y En	dema		~	3a	j	
	gave rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	Dence OF Quete	M	-		1	w	L.	•
	PART 2. OTHER SIGNIFICANT	conditions contributing to	stat-		INAL DISEASE OR CON	OITION GIV	EN IN PA	RT Ira		
7	190 DATE OF OPERATION  210 ACCIOENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATION WAS PER	FORMED	200 AUTOPSY?	20b. IF YES IN CERTIF YE	YING CA			TH?
1	OR CONTRIBUTING CAUSE OF DE		DAY YEAR	INJURY OCCUR	RED (ENTER NATURE OF INJUR	TY IN ITEM 18 P	PART I OR PA	ART 2}		
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	saw the deceased alive ar	ital) attended the deceased from.		y) (aur) apinion	, todeoth accurred an the do	ite and hou		m the c	hat (I) (	ated

2085

DHMH-16 50M 1/81
(VRA 15, 4)

24 FUNERAL DIRECTOR

230 BURIAL CREMATION, REMOVAL 23b DATE
Burial 10/31/81

23c NAME OF CEMETERY OR CREMATORY
Cedar Hill Cemetery

22e ADDRESS

ORY 23d LOCATION

ry Brooklyn Pk.

A.A. Co. M

PARE Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

250. DATE REC'D, BY REGISTRAR

ISTRAR GHAINS

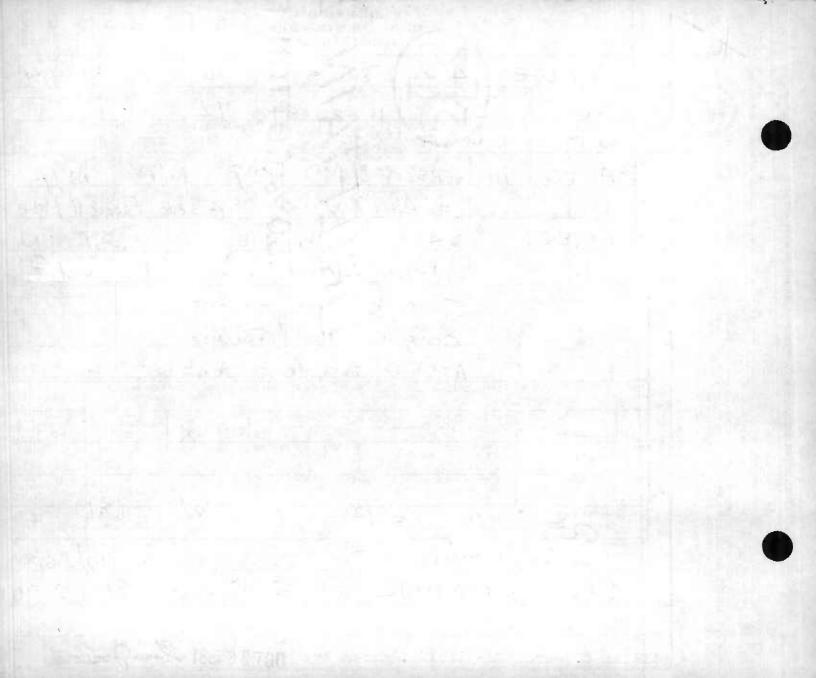
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR	DEP	ARTMENT OF HI	EALTH AND ME		REG. N	O.	5 /	8 4
	(TYPE	CEASED NAME FIRST LET		D	AVIS		20. DATE OF DEATH	26	18	4/SPM
	3. SEX	M	RACE B	5. DATE O	F BIRTH  DAY  26	89	6 AGE (IN YEARS LAST BIR	YRS.	UNDER I YEAR	HOURS MIN.
5		COUNTRY	b. CITIZEN OF WHAT COUN	MARRIED	DIVO	RCED 🔲	Baltimore city of Baltimore	_	PEATH	MD.
7		BALTO	1. NAME OF HOSPITAL, NI (IF NOT IN SUCH FAGILITY GIVE	STREET ADDRESS)	MD MD	UTION .	120 USUAL OCCUPAT		12b. KIND OI INDUSTRY	BUSINESS OR
)	13a. S	AL RESIDENCE (IF NURSING HOME ORG		TOWN		10 🗌	13e STREET ADDRESS	N. FR	egnort	Ave
	19, FA		DAS DAS	115	IS MOTHER'S A	ATT	MIDDLE		BR	OUN.
		VAS DECEASED EVER IN U.S., ARM VES NOOR UNKNOWN) (16 YES, GIVE	MED FORCES? 166 SOCIAL WAR OR DATES) 214	SECURITY NO. -40-47	72-HD	drew	DAVIS	632 1	V.Fre	Hontre
	0.00	18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which	BY:	1010 Du	e Hou	en a	ment		APPROXIM BETWEEN O	MATE INTERVAL INSET AND DEATH
	NO	gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	VDO	INCL I	Anti	e Heris Nal disease or con	DITION GIVEN	IN PART 110	
	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION	N WAS PERFORM	AED	YES NO		WERE FINDIN	
	MEDICAL CEI	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, O	DAY YEAR 19	211 LOCATION STREET		ED (ENTER NATURE OF INJU		COUNTY	STATE
		22a L certify that (I) this hospite saw the deceased live on above, (V (wex did v did not) 22b. SIGNATURE	10/26	19 BJ . on	d that in (my) (o	19 S r) opinion d	eoth accurred on the de	ote and hour a		
		22d. PHYSICIAN'S NAME (TYPE OR	Matche	· Mi	ATT	ENDING YSICIAN	MEDICAL STAI DIRECTOR PHYSIC		10/	26/8/
1	22.5	DAVID	MATCH	AR	22	S.	Green	e 5	计、	2120
		URIAL, CREMATION, REMOVAL SPECIFY) Burial	10/30/81	Md Nat			k Laurel	(	COUNTY	Md

DHMH - 16 50M 1/B1 (VRA 15, 4)

William C. March F/H 1101 E. North Ave



1.	FOR STATE	5,0 g	201 11	1/10/0	D		MENT O	HEALT	MARYLAI H AND M	ENTAL				2	5 /	9	U
	REGISTR		FIRST		MED	MODIE	EXAMI	NER'S	CERTIFI	CATEC			REG.		1744		
	TYPE OR PRINT		Mar	V		MIDDEE		C	avis			OF	ESTI.	□ 10		YEAR 19 81	7b. HOUR
3 S	EX	4 RA		5. DATE OF	BIRTH -	1948	6. AGE (IN	YEARS IF U	NDER 1 YR.	IF UNDER	24 HRS.	2c. DATI	E	MONTH	DAY	YEAR	26 HOUR
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/0.	FOREIGN COL	N. C		76. CITIZEN	USA	AT COUN	ITRY?		RIED   NE	EVER MARR	IED 🔲	9 BALTIA		orcou imore			
	altim	ore	ATH	11. NAME (	OF HOSP SUCHFACE Balt	ITAL, NUI	RSING HOA	ME OR OT	HER INSTITU		12a. USU			TYPE OF WOR	k 12b. KII	ND OF BU R INDUSTE	SINESS RY
USI			13b. COUN	OR OTHER INSTIT	UTION, GIVE	RESIDENCE	OR TOWN	510N)	134 INSIDE	(ITY LIMITS?	130 SIR	ej addr 6 F	ess airvi	lew Av	enue		
100	FATHER'S Vara	NAME		WIDDIE	Can	npbel	1 1		15. MOTH	ER'S MAIDE FRST zabet	N NAME h		MIDDLE		Bu	iast 11e	
160	WAS DEC (YES, NO, OR NC	UNKNOWN)	(IF YES, GIVE	MED FORCE: WAR OR DATES)	S?		52-07		17. INFOR	MANT 1 Hal	1 251	5 E.	Bidd		reet		
	Co go cai lyir	292 nditions, if we rise to use (o) stotion ng couse last	any, which immediate g the <u>under</u> -	TE CAUSE (0 DUE (b DUE	TO, OR A	S A CON	ISEOUENC	E OF	cardi			dise	ase		octv	VEEN ONSE	AND DEATH
CERTIFICATION	19a. DA	TE OF OPER	ATION	DIABETES MELLITUS  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?							2D A	20 AUTOPSY?					
AL CERTIF	210 EX	ERNAL CAL		HO	TIME OF I UR A.M. P.M.		DAY YE	AR 21c. F	IOW INJURY	Y OCCURRE	D (ENTERN	ATURE OF IN	YJURY IN ITEM	IB PART I OR		res XX	NO []
MEDICAL	21d. INJ WHILE AT WO	URY OCCUI	RRÉD I WHILE E WORK	ST	PLACE OF REET, FACTO		(AT HOME,	21I. LC	CATION STREET			CITY OR TO	OWN	C	COUNTY		STATE
	ACTUA SIGNA	resulted from	H	ral causes E	XXX	ard I		Suicide	Homi TITLE (S A.D.ASS I	specify) stant	Undete	Inquiry rmined m CALEXA Stree	MINER	ond in my ], DAT SIGI	E NED		11/81
23 a	BURIAL, C	REMATION,	REMOVAL 2	3b. DATE		23c. N	NAME OF C		OR CREMAT	ORY	123d LC	CATION PRIOWN 11to			TINITY CO	M	 dt
1	Buria FUNERAL NAME Villia	DIRECTOR	March	10/16 F/H 1	ADDRESS		ing Me			1250 DATE		PEGISTR	AR 256	GISTRA			

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	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DEATH	ENE 8	1		2	5	1	9	ı	
	CERTIFICATE OF DEATH		REG.	NO.						
WIDDIE	LAST	20. DATE O	FDEATH	MONTH	DAY	)E	AR	26 HOU	R	

FOR - STATE 3 SEX

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DIRECTOR

Should be with the S

REGISTRAR DECEASED NAME TYPE OR PRINTI Cettober 46-1981 625A Pavis Lee-Robert RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Black Male MONE - 24-04 YEAR DAYS HOURS To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A Georgia Baltamore City WIDOWED DIVORCED ID CITY OR TOWN! OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) **INDUSTRY** Raltimore Barber Provident USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STMA . Balto 13 Baltimore 2600 Liberty Height Ave. 13d. INSIDE CITY LIMITS? YES A NO 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST FIRST LAST Lillie Davis Brown 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. Balto, Md. Ruddie Williams 5103 Conant Way (IF YES, GIVE WAR OR DATES) 215-22-8068 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for to PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o), stating the A CONSEQUENCE OF underlying couse last monda PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 210, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) oftended the deceased from 10 saw the deceased alive of and that in (my) (aur) apinion deoth occurred an the date and hour and fram the causes stated 77h SIGNATURE DEGREE 22c. DATE SIGNED/ ATTENDING MEDICAL STAFF PHYSICIAN | DIRECTOR PHYSICIAN 22e. ADDRESS 221 PHYSICIAN'S NAME (TYPE OF PRINT) LVARCZ

DHMH - 16 50M 7/77 (VR A 15 (4))

Namey M. Wallace 3405 W. Franklin St. Balto

230. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Burial

10-29-81

Mt. Auburn

23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION BATTO

Maryland

250, DATE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE

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(VRA 15, 4)

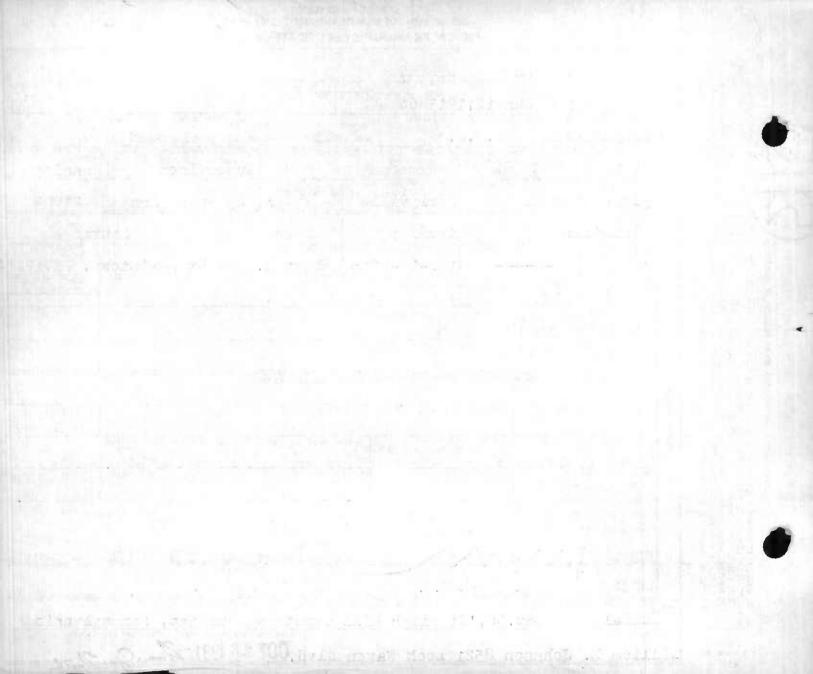
REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN®S - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN 7h HOUR (TYPE OR PRINT) OF ESTI ELENORA SPECHT 10 26 8 DEAN DEATH MATED TO 4. RACE 6 AGE (IN YEARS | IF UNDER TYR. 3. SEX DATE OF BIRTH 2d. HOUR IF UNDER 24 HRS 20. DATE YEAR LAST BIRTHDAY) 5:42 PRONOUNCED June12,1 81 26 white female DEAD 19 B. GIVE PAGES 1, 2, AND 3 TO THE FUREFUL WITH FORM PM. 3: RETAIN PAGE 5 FOR YOUND TO THE PURPLY T. PAGES 1 AND 2 SHOULD BE FILED WITHIN DIVISION OF WITH RECORDS, 201 7b CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. Pennsylvania DIVORCED Baltimore City ID. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY University Hospital Baltimore Supervisor Canning USUAL RESIDENCE (IF IN NURSING HOM 13a STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland 21903 Sumac Lane MD. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Christian LAST Stauffer Nora Laurance 7. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 188-20-6225 Specht Lewistown. Robert APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D IRIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IN ITEM IMMEDIATE CAUSE (o) Multiple injuries with complications DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION NAME: THIS CRITIFICATE SHOULD FICATE, WRITING THE WORD "PER E CORWARDED THE CHIEF M. TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEAD, 2) 201 PRIOR TO BURIAL, C. 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? NO V 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 2Tc. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 4:32P.M. HOUR & M. MONTH DAY MEDICAL Passenger in auto/auto collision 9-29- 1981 21d INJURY OCCURRED 21e PLACE OF INJURY LATHOME TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 35 AFTER DEATH, WITH THE STATE DEFENDENT AND PAGE 35 BALTIMORE, MARYLAND, 2) 201 PF STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK Perryville Cecil Md Inspection X 22a. I certify that I took charge of the remains described above, held an Autopsy Accident X death resulted fram Natural couses Homicide Undetermined manner TITLE (SPECIFY) **ACTUAL** Assistant MEDICAL EXAMINER 10 - 27 - 81SIGNATURE EXAMINER'S MAME Ann M. Dixon. Penn St. (TYPE OR PRINT) ADDRESS 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Buria. Cemetery Burnham, Pennsylvania BP. 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH-17** (VR A15 ME (5) 8521 Johnson Loch Raven 15M 2/80



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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH MONTH YEAR 2h HOUR rman AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 06℃112, 1898 YEAR 83 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED Baltimore City DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h, KIND OF BUSINESS OR RETIRED WORK FOR MOST OF WORKING LIFE INDUSTRY John L Deaton Medical Center 21045 13d. INSIDE CITY LIMITS? 7080Cradlerock WAy Columbia NOF 15. MOTHER'S MAIDEN NAME MIDDLE late "Ella MAy Mrs Lea DeArman 7080 Cradlerock Way APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL YES | NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE CITY OR TOWN , and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED & MEDICAL STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Catonsville, Balto., 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR A PICNATURE

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR Harry H Witzke 4112 Columbia R. Ellicott City

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(VRA 15, 4)

REGISTRAR

INDUS Bt. Agnes (TYPE OF WORK FOR MOST OF WORKING LIFE) Maintenance Man-Church Longview Drive Hamilton Catonsville, Md. 21228 215-70-0111Mr. Henry A. Debaugh-145 Longview Dr PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART | OR PART 2) STATE and that in (my) (aur) opinion death accurred on the date and hour and from the course stated Mr. DATE SIGNED Cemetery -Baltimore, 736 Edmondion Ave Catonwills Add 21218

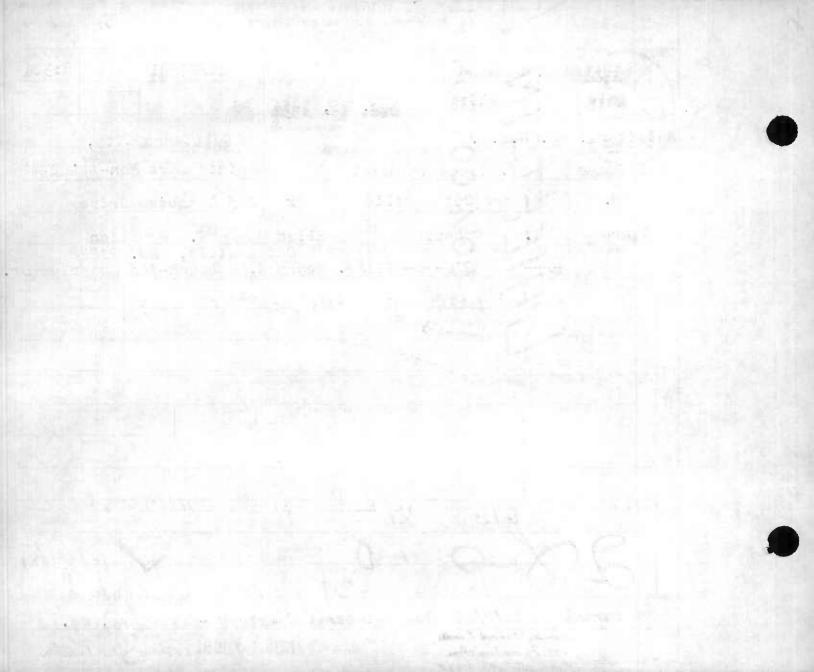
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

7b HOUR

8:30P

IF UNDER 24 HRS



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME LAST 2a DATE OF DEATH 26. HOUR 345 TYPE OR PRINT F OCTOBER 8,1981 FANNY DECKER SEX 4 RACE 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS FEMALE WHITE 1886 95 7a BIRTHPLACE Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH CSTATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Md. BALTIMORE CITY WIDOWEDTX 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE 3909 N. CHARLES ST. Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 3909 N. CHARLES ST. 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? MD. BALTIMORE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Charles J. MIDDLE MIDDLE Thonasine Unknown Fox 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT HE YES, GIVE WAR OR DATEST (YES, NO OR UNKNOWN) Alonzo G. Decker Jr 1213 Broadway Rd. 220 44 1760 NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O senos eles he Cardio vascular dissues Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

HOUR A.M. MONTH DAY YEAR

19a DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK

220.1 certify that (1) (this hespital) attended the deceased from...

21f. LOCATION

CITY OR TOWN COUNTY

and that in (my) (out) opinion death occurred on the date and hour and from the causes stated

obove, (1) (we) (did) (did and view the body after death. DEGREE MD

ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c. DATE SIGNED

IAN'S NAME (TYPE OF PRINT

saw the deceased alive on

Catonsville

23a BURIAL CREMATION, REMOVAL (SPECIFY)

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MPORTANT:

should be

CREMATION

73b. DATE

23c. NAME OF CEMETERY OR CREMATORY Crematory Westview

23d. LOCATION CITY OF TOWN

ninu

24 FUNERAL DIRECTOR

MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

MD

DHMH-16 30M 2/80 (VRA 15, 4)

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YLA ithin 2 sh 2 sh	14. FA	THER'S NAME	MIDDLE	LAST	F. F.	15. MOTHER'S MAIDEN NA	ME	14	ST
BALTIMORE, MARYLAND 21201 cate be executed within 24 hours or system and campletely filled in by apers. Pages 1 and 2 should be file the medical examine must be not the medical examine.	-	Robert		Borkovetz	14.65	Delia		Warachek	
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ALTI		18 CAUSE OF DEATH (E	nter only one couse p	per line for (o), (b), an	d (c)-			APPROX BET WEEN	ONSE AND TH
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beer mit.	CERTIFICATION	190. DATE OF OPERATIO	N 196. COL	NOITION FOR WHICH	OPERATIO	WAS PERFORMED	20a AUTOPSY? 201	. IF YES, WERE FINDE	NGS USED
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., The low requires that the death certificateding physicion.  Viter this certificate has been signed by the attending phas the buriol-transit permit. Then please remove corband to she buriol-transit permit. Then please remove corband that and Mental Hygiene prior to buriol, cremotion, or removed or them 18 shows any injury, or other troumatic events.	1 2	21a. ACCIDENT WAS UNDERL		OF INJURY		21c. HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	
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DHMH- 16 30M 2/80		UNERAL DIRECTOR	TTT	Ala - ADDRESS	Mel		TE REC'D. BY REGISTRAR 25	GISTRAPIS SIGNA	Mid.
(VRA 15, 4)	H	oward K. McC	omas III,	Adingdon,	Ma.	U	CT 26 1981	7	* Item

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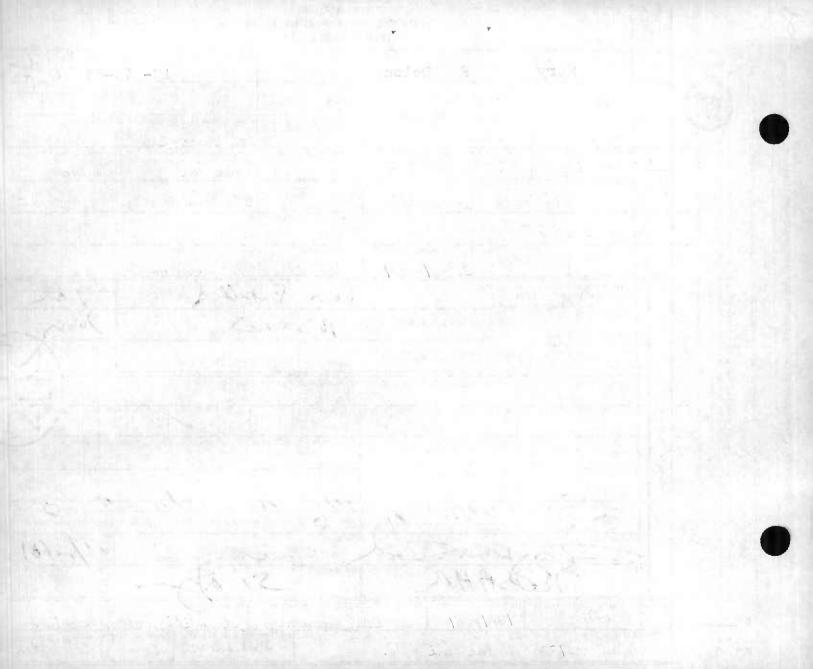
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME TYPE OF PRINTS 10/13/81 MARIANNE DEFRANCO 3 SEX DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) Female White Jan. - 9-1932 TO BIRTHPLACE I STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. BALTIMORE CITY WIDOWED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b KIND OF BUSINESS OR Baltimore Superintendent Abt. Comple JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING 13e. STREET ADDRESS Monmouth 926 Raymore Avenue 14 FATHER'S NAME MIDDLE August Degostine Anna Cognata PURVIS 17. INFORMANT (Husband) 166 SOCIAL SECURITY NO. None None 151-22-5124 Mr. Theodore Defranco Same as #13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: mittal 3 Marie Conditions, if any, which PER gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG KORELL 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY DR HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 21d INJURY OCCURRED 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN -MED WHILE NOT WHILE AT WORK 220 I certify that (1) (this hospital) attended the deceased from sow the deceased alive on October (1) we) (did) (did not) view the body after death. (our) opinion death occurred on the date and hour and from the couses stated NON. DEGREE 22c. DATE SIGNED Oct 13 1981 PHYSICIAN DIRECTOR PHYSICIAN RELEASE 22e ADDRESS MERRILL 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Burial Oct.17-81 St. Catherine's Wall Twsp. Monmouth N.J. DHMH - 16 50M 1/81 Fleming Funeral Service Benson, Md. (VRA 15, 4)

		REGISTRAR CEASED NAME FIR	ST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 2b. HOU
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(M)	3. SE	Jemale	4. RACE White		5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)  VRS.	MONTHS DAYS HOURS
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Mitchell-Wiedefeld Home, Inc. Balto., Md. 21212

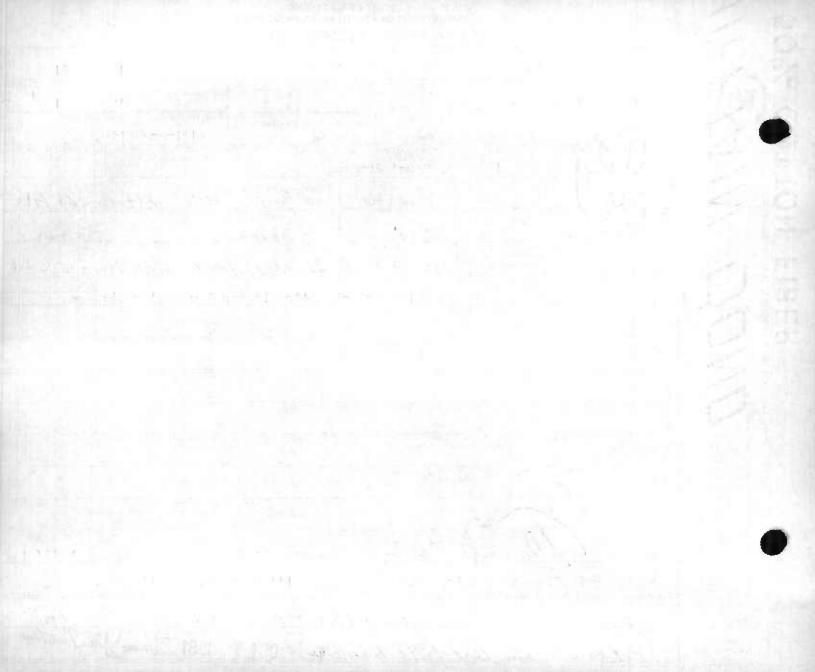
- STATE

(VRA 15.4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	品語の書紙)		MEIGN COUNTRY)	d	11.3	5. 6	7	WIDOWE		DIVORCED [		timore	City	/.		440
1.77	S S S S S S S S S S S S S S S S S S S	10 C	TY OR TOWN	OF DEATH	11. NAME OF HOS	SPITAL, NUI	RSING HOME			TION 12a. U	USUAL OCCU	PATION ITYP		12b. KIND		
	EATH. IF ANY DELAY IS N. ES. 1, 2, AND 3 TO THE FU. N. PAG. 3. RETAIN PAGE AND 2 SHOULD BE FILED. F. VITAL RECORDS, 201 W.	)	Baltim	nore	1600	M+. F	Royal A	venue		F	OR MOST OF WOR	KING LIFE)		OR IN	VDUSTR)	
=	N DE STE	USU/	AL RESIDENCE	IF IN NURSING HOME	OR OTHER INSTITUTION, G	IVE RESIDENCE	BEFORE ADMISSIO	N) .								
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E. A	M PM AND AND AND AND AND AND AND AND AND AND		FIRST	ssie	MIDDLE	-	The S	200	< F	IRST A	M	AIODLE		ROLLAS	ST . To	
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BALTIMORE,	S AFTE GIVE P ITH FO PAGES IVISION	- {/	ES, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)	215	-12-8	874	.86,	olav6	1 pot	23	11 110		2.1/2	Rd
3	WITH PARTY		18 CAUSE O	F DEATH (Enter on	ly one cause per line	120.			\$117	rige	7////	700	///(	APPR	OXIMATE I	NTERVAL
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RES	HIN INSI EM			is, if any, which										3		
W.	OR TRANS			e to immediate stating the under-	( , , , , , , , , , , , , , , , , , , ,	AS A CON	ISEQUENCE C	)F								
201	EXECUTED NG" IN PRICAL EXAM SURIAL - A AND MEION, COMMENTAL - A AND MEION, COMMENTED - A AND MEI		lying cou	se last.	(0)											
	EXECU ING: I AND HAND WATIO	100	PART 2 OTHER SIG	SNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERMI	NAL DISEASE I	OR CONDITION	GIVEN IN PART 1 (a)					-	
RECORDS,	ETHIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH WORD, "PRODIGE" IN TIEM 18. GIVE PAGES 1, WARRING THE WORD, "PRODIGE EXAMINER ALONG WITH FORM PARENT TO THE CHIEF MADICAL EXAMINER ALONG WITH FORM PARENT PAGES 14 AND 2 PAGES 3 HOULD BE USED AS A BURIAL. TRANSIT PERMIT, PAGES 1 AND 2 STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VID. 1, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Z														
	PENDI PENDI PAS A PEALT L, CREA	CERTIFICATION	19a DATE OF	OPERATION	19b. CONDI	TION FOR	WHICH OPER	ATION WA	SPERFOR	MED?				20 AU	TOPSY?	
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N	ANT WELL		UNDERLYING	OR OG CAUSE OF I	HOUR A.M		DAY YEAR									
ISIC	S CERTIFICATE RITING THE W RDED TO THE 3E 3 SHOULD B IE DEPARTMEN	MEDICAL	21d. INJURY C	CCURRED	21e PLACE	OF INJURY	AT HOME,	211. LOC								
No.	WRITI WARDE AAGE 3 ATE D	E	WHILE AT WORK	NOT WHILE	STREET, FAC	TORY, FARM, E	TC.)	SII	REET		CITY OR TO	WN	COL	UNTY		STATE
	PA STA			AT WORK						7						
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	SHE SHE		SIGNATURE_	16	Con sel	11	w	M.E	<u>nepu</u>	ty Chief	EDICAL EXAM	AINER	SIGNE	D	0/5/	81
	W P P P P P P P P P P P P P P P P P P P	1	EXAMINER'S	NAME Tho	mas D. Sn	nith.	M.D.			III Pen	n St.	Balt	to, Mo	d.		
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	23a B	(TYPE OR PRIN	ION, REMOVAL			NAME OF CEM		DDRESS_		LOCATION					
		230. B	SPECIFY)	O C	12/0/0	236.	WAME OF CEN	a L	CREMAIC	OK S	CITY OR TOWN	1	COUN	NTY	MISTA	TE
1401	BP	24. F	UNERAL DIREC	TOR	10/7/8		Nin	9 7	ENII	250. DATE REC'D.	BY REGISTRA	AR 125b. REG	ISTRAL'S	IGNATIO		-
1101	DHMH - 17 (VR A15 ME (5))		NAME () 0 0	110.0	ADDRESS	, 1	3115 1	16-1	/4.	DOT	7 198	1 Trus		and	lauth	,do
	15M 2/80		LICK	won n.	DAILER	1'	JO A	CAII	DUN	UUI	, 130	UNIV	4	0		



STATE OF MARYLAND

1	FOR - STATE REGISTRAR		DEPARTA		HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 5 1	10.		<b>)</b> ()	0	- 1		
	PE OR PRINTI	FIRST	WIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HO	UR		
	HELEN	U GENE	EVIEVE	4	DENUER		10	8	81	4:3	SO P		
3 S	X	4. RACE			OF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY		FUNDER I YEAR IF UNDER		R 24 HRS		
	FEMME	Whit	te	MONT 3		73	YRS	MONT	HS DAYS	HOURS	MIN,		
7a. 8	COUNTRY	FIGN 76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY							
7	Maryland	U.S.	.A.	WIDOW		Baltimore City							
B	alh mont	5. Ba	HACILITY, GIVE STREET	DDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	LIFE) IN		F BUSIN			
13a	STATE	LOUNTY	130 CITY OR TOW		1134 INSIDE CITY LIMITS?	13e STREET ADDRESS							
		Baltimore	Dundalk		YES NOX	3450 Dunran Road 21222							
	ATHER'S NAME FIRST	MIDDLE	Hayden		15. MOTHER'S MAIDEN NA	AME			LAS	T			
16a	WAS DECEASED EVER IN	U.S. ARMED FORCES?	16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		Bell				
	NO NO OR UNKNOWN)	IF YES, GIVE WAR OR DATES)	216-10-9	398	Jeannette M	Budusky 3	116 H	Iuds	on S	t.	212:		
	PART I. DEATH WAS	Enter only one couse pe S CAUSED BY: AMEDIATE CAUSE (o)	RENI	72	FAILUIZE	=			BETWEEN	MATE INTE			
34	1369	DUE TO, O	R AS A CONSEQUE	NCE_OF									
	Conditions, if any, v		110	LEC	MON								
	gave rise to immed cause (a), stating underlying cause		R AS A CONSEQUE	NCE OF									
N	PART 2 OTHER SIGNIF	ICANT CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION G	IVEN I	V PART 110	0			
190 DATE OF OPERATION 196 CONDITION FOR				OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	IN CERT	TIFYING	RE FINDING CAUSES	OF DEA	TH?		
210 ACCIDENT WAS UNDERLYING 715 TIME OF INJURY					121, HOW IN HIPV OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)							
( )		TIM I DATE C	1 11 12 12 13 1		THE THOUSE HADDEL OCCUR	TENTER NATURE OF INJU	JRY IN ITEM IB	FART I	JR PART 2)				

HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH

10/12/1981

P.M

21e PLACE OF INJURY

(AT HOME STREET, FACTORY OFFICE FARM, ETC.)

MONTH DAY YEAR

211 LOCATION

CITY OR TOWN

COUNTY STATE

278 I certify that (1) (this hospital) attended the deceased from saw the deceased alive an October 8, 19 saw the deceased alive an October 8 obove, (1) (we) (did) (did nat) view the bady after death.

(SPECIFY)

Burial

MEDICAL

DEGREE

DIRECTOR PHYSICIAN

22c. DATE SIGNED

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

22e ADDRESS

that in (my) (aur) apinion death accurred an the date and haur and from the causes stated

CREMATION, REMOVAL 236 DATE

231 NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery

23d LOCATION

STATE

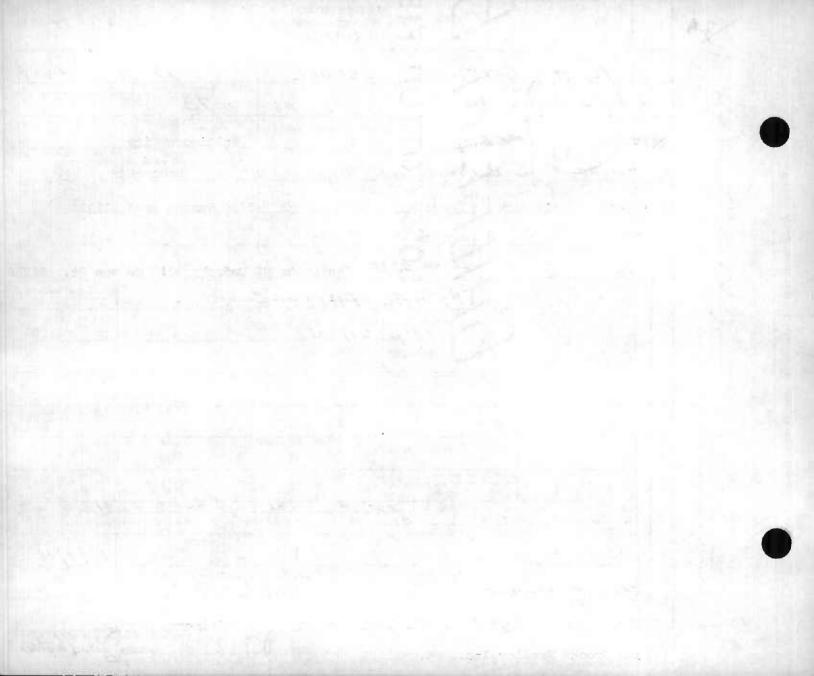
DHMH - 16 50M 1/81 (VRA 15, 4)

O FUNERAL DIRECTOR

MPORTANT

the burial-tronsit per and Mental Hygiene or Item 18

> 24 FUNERAL DIRECTOR Walter Brooks Bradley Inc., Md., 21222



8		TE	REG. NO.										
9 65	1 DECEAS	BERNA		DIBBERN			3:26PM						
ge 4 may	3 SEX	Male	White	June 6,1910	6 AGE (IN YEARS LAST BIR	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.						
A Post		timore, Md.	CITIZEN OF WHAT COUNTR $U_{ullet}S_{ullet}A_{ullet}$	MARRIED NEVER MARRIE	Dolli	more City	MD						
# J. # 15 -		timore	JIF NOT IN SUCH FACILITY, GIVE STR	ING HOME OR OTHER INSTITUTIO	ON 120 USUAL OCCUPATI	ON F WORKING LIFE   12b. KIND C	F BUSINESS OR						
MARYLAND 2120 dy by Selvin METhours mpletely filled in by and 22 hould be filled more referred to be not all the selving the s	13a STATE	Md. OUNT	THER INSTITUTION, GIVE RESIDENCE BEF	ore admission) with 13d Inside city Lim more yes 2 no [	13. STREET ADDRESS  5 N. Cur	ley Stree	t						
	14 FATHER	illiam G	• Dibber		abeth MIDDLE	Kosman	51						
Se DO Se DO Serelli System off of opers, Dogest out, the (off of		PECEASED EVER IN U.S. ARME ORNINKOWN) (IF YES GIVE W		-9746 Mrs. El	5 N. Curlege izabeth M. L	ibbern Me	d. 2124						
to release  Med Ex  Typical generations are provided to the other deals are provided to the other deals are provided to the other froundities are provided to the other front are provided t	Congo	ART 1. DEATH WAS CAUSED IMMEDIATE I	CAUSE (0)	UENCE OF			WATE INTERVAL ONSELAND DEATH						
OV OV OV OFF	CERTIFICATION 510	PATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY?  YES \( \text{NO} \( \text{NO} \)	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES	OF DEATH?						
DIVISION OF VITAL APPL TENDING PHYSICAL He ord or ottending Privilent TOR. After this certificate to for use as the burind-tronst to for use as the burind-tronst to of Health and Mental Hygien 21 is marked or them 18 show	WH 228	certify that (1) (this haspital	P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE)  ottended the decaysed from	DAY YEAR  19 211 LOCATION STREET	CCURRED (ENTER NATURE OF INJUR  CITY OR TO	WN COUNTY	STATE that (I) (we) last						
O HOSPITAL OR AI etained by the hosp TO FUNERAL DIREC should be detached it with the Stote Dept of MPORTANT: if them?	22b.	PHYSICIAN'S NAME (TYPE OR P	rolfithal p	DEGREE ATTEND PHYSIC  220 ADDRESS	Deline Hope	PAN 222. DATE	SIGNED 20/8/						
060  BP	(SPECIF	Burial	10/23/81	NAME OF CEMETERY OR CREMA  CEMET	ery B altimo	ore, Maryl							
DHMH - 16 50M 1/81 (VRA 15, 4)			H. Moran, Inc. Baltimore St.	2	OCT 2 6 1981	GISTRA'S IGNAL	SELLI						

CENTRAL TRANSPORTED & BELLEVILLE A COLUMN TO THE PARTY OF THE PA STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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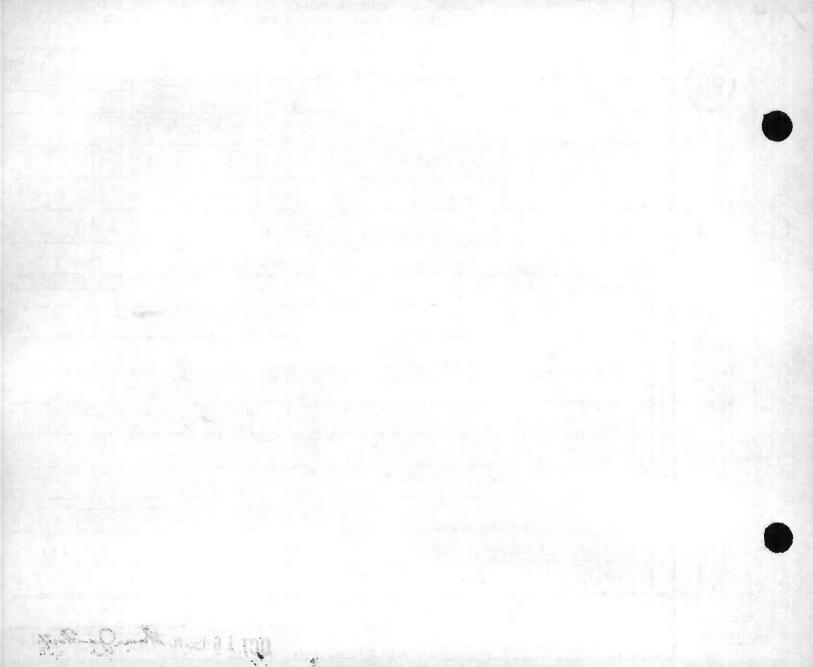
	1-	FOR STATE REGISTRAR		DEPART		EALTH AND	MENTAL HYGI	IENE AREG. 1	NO.	2.	<b>ં</b>	0	Ö
		CEASED NAME FIRST		MIDDLE	l.	LAST		20. DATE OF DEATH	HINOM	DAY	YEAR	26 HOUR	
	(	Iva		M.	Die	ckerson			10	30	81	1100A	M
	3. SEX	x	4 RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST B	IRTHDAY)	IF UN	DER I YEAR		HRS.
		F		W	2	27	19	62	YR		DATS	HOURS	TIPL.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A PRIE	D NEVER	AARRIED 🗆	9. BALTIMORE CITY	OR COU	NTY OF I	DEATH		
5	W	. Virginia	U.S	.A.	WIDOWE		VORCED [	Baltimore	Cit	v			MD.
		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	ADDRESS)			12a. USUAL OCCUPA (TYPE OF WORK FOR MOST	TION	12	B. KIND (	OF BUSINESS	OR
0	_	Baltimore		LES HOSPI		900 Cat	on Ave.	Bookkee			&O ]	Railr	oad
1	USU/ 13a S	AL RESIDENCE (IF NURSING HOME) TATE 136 CO		13c. CITY OR TOW		13d INSIDE C	ITY LIMITS?	13e. STREET ADDRESS					
2		Md.	DAHD	Baltimo	re	YES 🗌	NO D		rell	Driv	0		
0	14 FA	ATHER'S NAME	MIDDLE	EAST		15. MOTHER'S	FIRST	AE MIDDLE			LA	ST	
		Reliance		shman			osa	Bell			Al	lev	
			ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU	JRITY NO.	17 INFORMA	NT (Sc	on) ADDI	ESS				
		No -		292-16	-2936	Chri	stophe	er P. Dic	kers	son	Same	as#	13
		18 CAUSE OF DEATH (Enter	only one couse pe	r line for (a), (b), on	id (c).)	and the first					BETWEEN	ONSETTAND DE	LTH_
			IATE CAUSE (o)	Hypol	lima	n	989		-			ly	
		1541	DUE TO C	OR AS A CONSEQU	EMCE OF			0				100	
		Conditions, if ony, which	(b)_	ACCOM	los	1-6-	Local	5			0	faller	
9		cause (a), stating the underlying cause last.	DUE TO, C	R AS A CONSEOU	ENCE OF	7	11				0	74.0	
			(c)	mitail	alu	ren	at C	mer			0	me	
	Z	PART 2 OTHER SIGNIFICAN	it conditions <u>c</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR CO	1DITION	GIVEN IN	PART 1	01	
0	CERTIFICATION	19a DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20e AUTOPSY?	120b. IF	YES. WE	RE FINDI	NGS USED	_
7	IFIC							YES NO				OF DEATH?	
4	ERT	21a. ACCIDENT WAS UNDERLYING				21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF IN	URY IN ITEM		OR PART 23	110	-
1		OR CONTRIBUTING CAUSE OF	DEATH		AY YEAR			(Enter things of the					
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM)		.M. OF INJURY	19	211 LOCATIO	N				_		_
	ME	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE,	FARM, ETC )	STREET		CITY OR T	OWN		COUNTY	STAT	E
		22a. I certify that (1) (this ho	spital) attended ≱	ne deceased from	Nov	,26	10 79	to Oct	30	10.6	8-1	that ( we'	lost
		sow the deceased alive	on 101-	30 19	81,01	nd that in	(our) opinion d	deoth occurred on the	dote and	hourond	I from the		,
		obove, (I) (we) (did) (did 22b. SIGNATUM	not view ingrepor	20		DEGREE		/			22c. DATE	SIGNED	
		Chillian	Cloub	chel	/		TTENDING PHYSICIAN		AFF		101	8/06	1
		224. PHYSICIAN'S NAME ITY	PE CHERRYLL	700		22e ADDRES		ENEC HOS	1			1-1	
	1	Wicci Am C	WArd	PETELD		900	CATON	AVE X	3412	,	212	29	
	23a. B	SURIAL CREMATION REMOV			NAME OF C	EMETERY OR		23d LOCATION	-,-,				=
	- (	Burial	11/1	10.	ock's			Kenova	Ws	avne	TAT	. Va.	3
	24 FU	JNERAL DIRECTOR E.	Barnes		21	318		REC'D. BY REGISIRA	_	SISTRAD	SIGNA		
		Fleming Fun	eral Se	ervice	Bense	on, Mo	. NO	JA 3 1881	100	more ?	for.	Marthan	

DHMH-16 30M 2/80 (VRA 15, 4)

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IMPORTANT: If them 21 is marked or them 18 shaws ony injury, or other traumotic event

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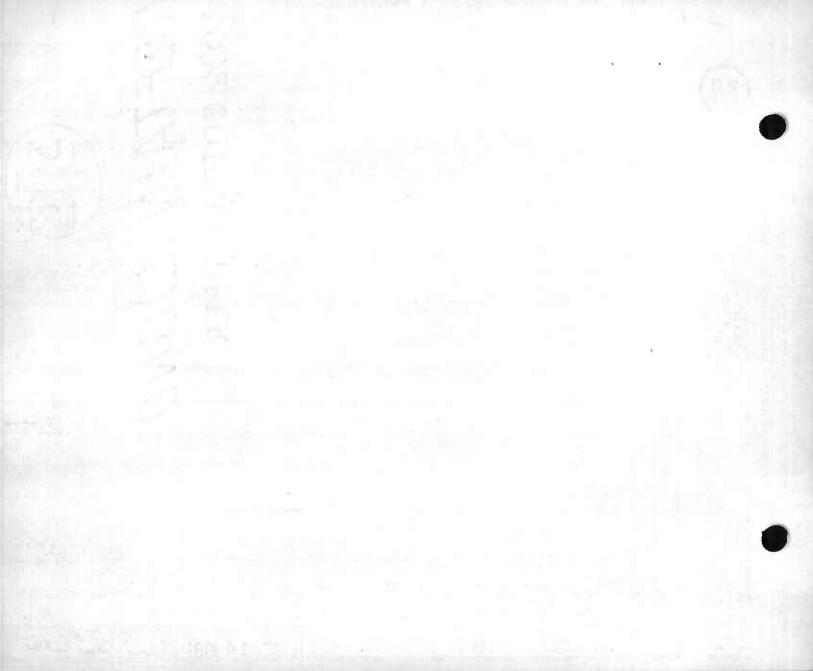


	L	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
+ \ n=/		CEASED NAME FIRST ORPRINT)	MIDDLE	LAST		O 2 8 7:20 A
1	3. SE	Anna MAE	H.	DIGGS  Is Date of Birth	6 AGE (IN YEARS LAST BIRTHI	
(101)		emale	White	MONTH DAY YEAR 08 23 1902	T 79	MONTHS DAYS HOURS MIN
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7a. BI		CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR	
any the fur	_		NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIF	IZE KIND OF BUSINESS O
on 24 ho	13a S	AL RESIDENCE (IF NURSING HOME OR OTH ITS COUNTY TYLAND	HER INSTITUTION, GIVE RESIDENCE BEFORE TOY Baltim	VN 134 INSIDE CITY LIMITS?	130. STREET ADDRESS 5606 Bell	le Vista Avenue
mplessiry and 2 sho	14. FA	THER'S NAME William Ha	ays Hami	15. MOTHER'S MAIDEN NA FIRST  Cornelia	A. MIDOLE	James
o and to Page 1.	léa V	VAS DECEASED EVER IN U.S. ARME VES, NO OR UNKNOWN) (IF YES, GIVE WA			Diggs No	Lamaton Road
le law requires that s been signed by the iii. Then please rem prior to burial, cren ws any injury, or ot	CERTIFICATION	gave rise to immediate couse (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT COM  19a DATE OF OPERATION		DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR COND	206. IF YES, WERE FINDINGS USED
	E				YES NO NO	IN CERTIFYING CAUSES OF DEATH?  YES \( \cap \) NO \( \cap \)
Cian.		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	AY YEAR 19	RED (ENTER NATURE OF INJURY	
physic physic physic physic is cert is cert is cert is cert is cert in the cert is cert in the cert is cert in the	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
NG PH ending fter th he bur and M arked						
ATTENDING PHISPITED OF STEERING PHISPITED PHISPITE		220.f certify that (I) (this haspital) sow the deceased alive an above, (I) (we) (did) (did not) v  22b. SIGNATURE	10/1	91 , and that in (my) (our) opinion DEGREE	death occurred on the dat	22c. DATE SIGNED
Look ATTENDING PROSpiral or attending Enospiral or attending Charles as the bur Ched for use as the bur Dept. of Health and Month of them 21 is marked		sow the deceased alive on above, (1) (we) (did) (did not) v	lew the body ofter death. 19	21, and that in (my) (our) apinion	7	22c. DATE SIGNED
TTALCH ATTENDING PR y the hospital or attending RAL DIRECTOR: After the tetached for use as the bur tate Dept. of Health and M NT: If Item 21 is marked		sow the deceosed alive on above. (1) (we) (did) (did not) v  226. SIGNATURE.  Brian H-  226. PHYSICIAN'S NAME (TYPE OR PR  Brian H-	Lew the body ofter death.  Kaln, M.D.  NI)  Tahn, M.D.	DEGREE  ATTENDING PHYSICIAN	death occurred on the dat	22c. DATE SIGNED

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4-1	1 -	FOR STATE	& 22a		DEPARTME	ENT OF HEA	LTH AND M	ENTAL HY			2 5	3 1	Ü
7		REGISTRAR CEASED NAME	FIRST	ME	MIDDLE MIDDLE	AMINER	S CERTIFI	CATEOF	DEATH 2a DAT	REG. NO		CIAY YEAR	Zb. HOUR
2000		PE OR PRINT!		ohn	Н.		ixon		OF	ESTI- XX	10	1019 81	
(MA)	3. SE	ale 4	black	5. DATE OF BIRTH	YEAR 6.	LAST BIRTHDAY	MONTHS DAYS	IF UNDER 2	MIN. PRONO	UNCED	HTMOM	DAY YEAR	14 110011
	70 B	IRTHPLACE (STAT		7b. CITIZEN OF WI		62 YRS. Y?	ARRIED KKNE	1 1	9. BALT	IMORE CITY O	10 R COUNT	10 19 81 Y OF DEATH	8:06F
DANS NA	1	oreign country)		U.S.A		W	DOWED	DIVORCE	-	Baltim	ore C	itv	MD.
IF ANY DELAY IS A SAOULD BE FILED IL RECORDS, 201		Baltimon	^e	11. NAME OF HOS	102 Bak	er Stre	other instituet	TION	FOR MOST OF W	UPATION (TYPE	OF WORK	OR INDUST	JSINESS IRY
21201 AND 3 REFAIN HOULD RECORE	130. 3	AL RESIDENCE (# STATE 1d.	13b. COUNT	ROTHER INSTITUTION, GI	13c. CITY OF Balti	RTOWN	13d. INSIDE (		30 STREET ADD	RESS aker St			
RE, MD. РЕАТН. 19 7 FS 1, 1		ohn		WIDDLE	Dixo			ER'S MAIDEN	NAME	MIDDLE	Wr	ight	
BALTIMOR S AFTER DE GIVE PAGE TITH FORM PAGES I A WISION OF	160.	WAS DECEASED E YES, NO, OR UNKNOWN Yes	VER IN U.S. ARM	AED FORCES? WAR OR DATES)		SECURITY NO			Dixon	ADDRESS 3102 Ba	aker	St.	
L RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.: ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, 2, 15. MEDICAL EXAMINER ALONG WITH FORM PM 3. ED AS A BURIAL TRANSIT PERMIT. PAGES 1 AND 2 SHEATTH AND MENTAL HYGIENE, DINISION OF YITAL ALL, CREMATION, OR REMOVAL.		Conditions, gave rise cause (a) str	if any, which to immediate ating the under-last.	CAUSE (a) AY  DUE TO, OR  (b) DUE TO, OR  (c) (c)	rterios AS A CONSE AS A CONSE	Clerot QUENCE OF				ease		APPROXIMAT	E INTERVAL T AND DEATH
VITAL RECORDS, SHOULD BE EXECUTED WISE WEBLOAL CHIEF WEBLOAL BE USED AS A BUI	CERTIFICATION	PART 2 DTHER SIGNI		IDNS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?								?	
PANE THE A		210 EXTERNAL OUNDERLYING			MONTH DA	AY YEAR	C HOW INJURY	OCCURRED	(ENTER NATURE OF	INJURY IN ITEM 18 P	ART I OR PART	YES (X	POTY
DIVISION HIS CERTIFIC WRITING TH ARDED TO AGE 3 SHOUL ANTE DEPRESTATE DEPARTI	MEDICAL	WHILE AT WORK	OURRED NOT WHILE	21e PLACE ( STREET, FACT	OF INJURY (A	AT HOME. 21	STREET		CITY OR	rown	COUR	NIA	STATE
EXECUTE THE CERTIFICATE, TO FUNERAL DIRECTORE, TO FUNERAL DIRECTOR: PARE DEATH, WITH THE STA			hat I taak charge fram: Naturo	of the remains desirated by the courses with the course of	Accident	], Suicide	Hamie  M.D. ASS	PECIFY) sistant	Undetermined  MEDICAL EXA	manner ,	DATE SIGNED	10/11	/81
Bb	(		IAL	10/16/81			RY OR CREMATO		23d. LOCATION CROWN	SVILLE	COUNT	Y s	ЖЬ.
DHMH - 17 (VR A15 ME (5)) 15M 2/80	24. F	W.C.		F/H 1101	E. NOR	TH AVE.		250. DATE RE	1 4 198	-	TRAP'S SI	an Warts	len :



and campletely filled in by the ages 1 and 2 should be filed wr

injury, or other troumotic

MPORTANT: If them 21 is marked ar Item 18 shaws any

STATE OF MARYLAND

FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

REGISTRAR		CERTIFICATE OF DEA		REG. NO.				
1. DECEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR		
LILLIA	AN M.	DIXCH		October	19.198	1 255 A		
1.5EX	4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YE			
Female	White	4 23 AY	04	77 YR	MONTHS DAY	S HOURS MIN.		
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8. MARRIED NEVER MAR	DIED [	9. BALTIMORE CITY OR COU				
Maryland	U.S.A.	WIDOWED DIVOR		Baltimore Ci	ty	1M		
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	DRSING HOME OR OTHER INSTITU	TION	128. USUAL OCCUPATION	12b. KIND	OF BUSINESS OR		
Baltimore	St. Agnes Hos		200	Homemaker	IG LIFE) INDUSTR	CT		
USUAL RESIDENCE HE NURSING HOME OR 130 STATE 131 COUN	OTHER INSTITUTION, GIVE RESIDENCE		I COTIANI	13e STREET ADDRESS				
Maryland How			X	5952 Montgomer	v Road	21227		
14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MA			V	TAST		
Francis		PIRST						
160 WAS DECEASED EVER IN U.S. AR.	MED FORCES? 16h SOCIAL	SECURITY NO. 17. INFORMANT		ADDRESS		Kahler		
NO		6-9090 Fred Di	ixon 5	952 Montgomery	Road	21227		
18 CAUSE OF DEATH (Enter on	ly ane cause per line far (a), (b					OXIMATE INTERVAL EN ONSET AND DEATH		
PART I. DEATH WAS CAUSE	D BY:	1						
4409	DUE TO, OR AS, A CONS	FOLIENCE OF			330			
Canditions, if any, which	1 10 Cothal	Lough						
gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	FOLIENCE OF						
underlying cause last.	(10)	EOGENCE OF						
PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMI	NAL DISEASE OR CONDITION	GIVEN IN PART	1(0)		
190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING								
5 190. DATE OF OPERATION	196. CONDITION FOR WI	HICH OPERATION WAS PERFORME	D		YES, WERE FINE			
RIFE			5.9	YES NO NO	YES [	NO 🗆		
On COLUMNIA COLUMN OF THE			Y OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2	.)		
(IF EITHER NOTIFY MEDICAL EXAMINER		19						
(IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE		
WHILE NOT WHILE AT WORK		rece, raini, ere j		120				
220.1 certify that (1) (this haspit		om	9 8	, to	, 19	_, that (I) (we) last		
saw the deceased alive an above, (Newe) (did) (did na	1) view the body after death	19, and that in (my) (au	r) apinian d	eath accurred an the date and	haur and from t	he couses stated		
27b. SIGNATUM	1 6	DEGREE			22t. DA	TE SIGNED		
	X		NDING SICIAN []	MEDICAL STAFF DIRECTOR PHYSICIA	110	2/19/5		
22d. PHYSICIAN'S NAME (TYPE	RPRINT	22e. ADDRESS	-	1	11	11		
) Se	TICT LE	Reel) SX		73766	185	neley		
230. BURIAL, CREMATION, REMOVAL		23c NAME OF CEMETERY OR CREA		23d LOCATION CITY OR TOWN	COUNTY	STATE		
Burial	10/22/81	Meadowridge Men	n. Par	k Elkridge	Howard	co. Md.		

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: etained by the hospital

should be detached for with the State Dept. of t

this certificate has been

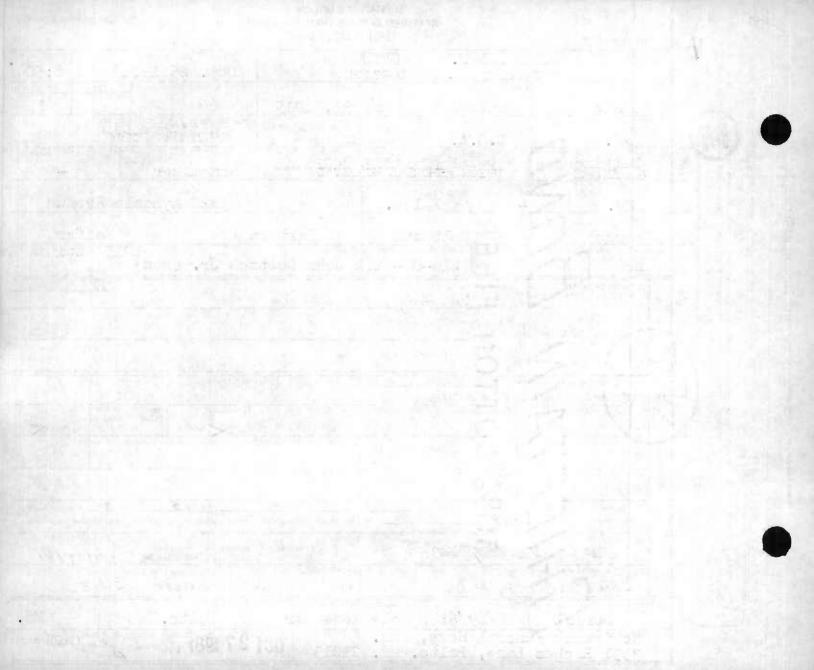
Balto., Md. 21229 24. FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave. 250. DATE REC'D. BY REGISTRAR 756 REGISTRAR'S SIGNATURE OCT 2 1 1981

ARTE IN DECEMBER OF THE PROPERTY OF THE PROPER en share or The first of the second of the

The state of the s		FOR	8a-22a F	ilm G562	12/1/8 DEPARTM	ENT OF	TE OF M HEALTH	ARYLAN AND MI	ENTAL H	YGIENE			9 5	13	)
· No.	1-	STATE REGISTRAR		ME	DICALE							REG. NO	).	4,5	
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결정진종단	1	- ON PRINTI	Danie	e1			D	obry			OF DEATH	MATED	10	18 1981	M
5 405	3. SEX		4. RACE	S. DATE OF BIRTH	YEAR 6	LAST BIRTHD			IF UNDER 2	24 HRS. 2	DATE		MONTH	DAY YEA	R 2d HOUR
1 Ex 1 Ex 1	Ma	ale	White	7 27	1928	53 YE	1 1 1	DAYS	HOURS	MIN PI	DEAD	LED	10	18 1981	4:31 P M
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日本記書を		Md.		U.S.	Α.	100	WIDOW		DIVORCE		Balti	more	City	,	MD.
TO SEE TO	10. CI	TY OR TOWN	OF DEATH	11. NAME OF HO	SPITAL, NURS		, OR OTHE	R INSTITU	TION		L OCCUPA		OF WORK	12b. KIND OF OR INDU	BUSINESS
308 E 201		altimore		Baltim	ore Ci	ty Ho:		1				r Ope	er.	Steel	
10000 × 0	USUA 13a. S	L RESIDENCE (	IF IN NURSING HOME COUN	OR OTHER INSTITUTION, C	13c. CITY C			13d. INSIDE CI	ITY HIMITS?	-	T ADDRES				
AND		Md.				timor		YES X	NO 🗆	113		Kenwo	ood	Ave.	
MD. MD.	14. FA	THER'S NAME		MIDDLE	LA			15 MOTHE	R'S MAIDEN	NAME	MID			LAST	
A PREA PROPERTY	1	Franci	s		Dobry				len		74116		Clein	nschm	dt
PAG PAG	16s. V	AS DECEASED	EVER IN U.S. ARA	MED FORCES?	16b. SOCIA	L SECURITY	NO.	17. INFORM	TMAN			ADDRESS			
BALTIMORE, MD. 21201 URS AFTER DEATH. IF ANY DELAY IST B. GIVE PAGES 1, 2. AND 310 THE F WITH FORM PM. 3. RETAIN PAGE IT. PAGES 1 AND 2 SHOULD BE FILED. DIVISION OF WITH RECORDS, 2011		Yés	Kor		217.	24+3	073	Virg	inia	Dob:	ry 1	13 N.	Ker	nwood	Ave.
N ST., BAE. HOURS AF HOURS AF M 18, GIVI NG WITH NE, DIVISION LL		18 CAUSE OF	F DEATH (Enter on ATH WAS CAUSE	ly ane cause per lin			1						1111	APPROXIM BETWEEN ON	ATE INTERVAL
NS AL H	340	1/A		TE CAUSE (a)	Arteri	oscle	rotic	card:	iovaso	cular	dise	ase			
IN II ALC	N	70	700	DUE TO, O	R AS A CONS	EQUENCE (	OF .							3.0	
A NER CITY	-	gave ris	e to immediate					9							1
AAMI AAMI	3	lying cau	stating the <u>under</u> - se last.	DUE TO, O	R AS A CONS	EQUENCE (	OF.								
CUT EXAMINATION OF THE PROPERTY OF THE PROPERT				(c)											
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF EXECUTE THE CERTIFICATE, WRITING THE WORD." FENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1. 2. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. AFTER DEATH. WITH THE STATE DEPARTMENT OF HAALTH AND MENTAL HYGIENE, DIVISION OF WITH BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	PART 2 OTHER 516	SNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATE	O TO THE TERM	INAL OISEASE	OR CONDITION	N GIVEN IN PART	Γ1 (α).					
CID CID HEAL NEW YORK OF THE ALL	CERTIFICATION	196. DATE OF	OPERATION	19h. COND	ITION FOR W	HICH OPER	ATION WA	AS PERFOR	MED?				- 116	20 AUTOPS	Y?
WITAL I	TE													YES XX	( NO [
C O WE'N BE	CER	216 EXTERNA UNDERLYING	L CAUSE WAS	21b. TIME C HOUR A./	F INJURY M. MONTH [	AY YEAR	21c. HO	WINJURY	OCCURRED	(ENTER NA	TURE OF INJU	RY IN ITEM 18 P	ART I OR PAR	RT 2)	
CERTIFICATE CERTIFICATE TITING THE W SE TO THE DEPARTMEN PRIOR TO I	CAL	CONTRIBUTION	G CAUSE OF	DEATH P.	И.	- 19		- 2							
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ATE, ORV		22¢   certif	y that I took charg	e of the remains de	scribed abave	, held an	Autops	<u>, X</u> .	Inspection		Inquiry [	, and	d in my ap	ınian	
NAME OF THE PARTY		death resulte	d from: Nary	al causes	Actident	. Sui	de .	Hamic	ide .	Undeter	mined man	ner ,			
WWITH WAR			- 111.	-	04	-	-	TITLE (SI							
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TO M EXECU PAGE PAGE PAGE PAGE PAGE PAGE		TYPE OR PRIN	IT) Inc	omas D. S				DDRESS_		Penn		Baito	)., M	υ.	
U/CO PARES	1 (5	PECIFY)	ION, REMOVAL 2			ME OF CEA			ORY	23d. LOC CITY OR	ATION		COUP		STATE
O CO O BP	24.5	Crema T		10/22/8	1 Gre	enmo	unt	Cem.	25- 0 - 25-	Bal	timo	re	TD A DVC	[A.1.4.2.2.7.]	/ld.
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(VR A15 ME (5) ) 15M 2/80	R.	Dabro	OWSK1 &	Son 28	IQ E	Bal	cimc	re \$	t. U		U	1	di	2	

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16	1	FOR STATE REGISTRAR		DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL CATE OF DEATH	HYGIENE 8	2 5	3 1 3
, m. = W		CEASED NAME	CATHERINE	E MRIE	DOETS	CH	20. DATE OF DEATH	Professional Property Services	26. HOUR P.
nay be page 3 r death			CATHERINE		DOETSO		Oct. 25		6:50 M
frer p	3. SE	X	4. RACE		5 DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE,	AR IF UNDER 24 HRS
	_	Female		casian	May	31, 1915		YRS.	
I (MB		IRTHPLACE (STATE OR FOR COUNTRY)  Md.	U.S	S.A.	MARRIED	Name of Street	BALTIMORE CITY OF BALTIMO	ore City	MD.
10	1	Baltimore BALTIMORE	e (IF NO UN]	ON TENO	MORTAL	HOSPITAL	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homemak	F WORKING LIFE) INDUSTR	O OF BUSINESS OR
AND 212 AND 212 filled in could be	USU 13a.	AL RESIDENCE (IF NURSING STATE 13	HOME OR OTHER INSTITUTE LE COUNTY	13c CITY OR T		13d INSIDE CITY LIMITS	136. STREET ADDRESS L	yndale Av	enue
MARYLI and 24	1	George	WIDDLE	Holth	aus	15. MOTHER'S MAIDEN FIRST Barb	MIDDLE	Kai	fer
BALTIMORE, cate be executed by sicion and capers. Page val.	16a '	WAS DECEASED EVER IN	U.S. ARMED FORCES IF YES, GIVE WAR OR DATES)			17. INFORMANT 2. John Do	etsch Jr. (	son)	etitia A
rhe death certification of the offending phremave carbon permotion, ar remore traumatic ever		Conditions, if any, w gave rise to immed cause (a), stating	DUE TO, which (b), the DUE TO, DUE TO, DUE TO,	oer line for (a), (b)  Non Ho  OR AS A CONSE	QUENCE OF	LYMPHOM	1	APPR BETWEI	ÖXIMATE INTERVAL EN ONSET AND DEATH
201 res the	TION	PART 2. OTHER SIGNIF	CAILURE &	Acidosi.	S		TERMINAL DISEASE OR CON		
AI RECO	CERTIFICATION	19a. DATE OF OPERATIO			IICH OPERATION	WAS PERFORMED	YES NO	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	NO DEATH?
SION OF VITA PHYSICIAN: TI PHYSICIAN: TI ending physici this certificate the burial-transit d Mental Hygi d or Item 18 sh		21a. ACCIDENT WAS UNDER! OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL	SE OF DEATH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OC	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2	n
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The law requir or attending physician. After this certificate has been sig to as the burial-transit permit. There olith and Mental Hygiene prior to b marked or Item 18 shaws any injury	MEDICAL	21d INJURY OCCURRED  WHILE AT WORK  NOT WHILE AT WORK	(AT HOME	E OF INJURY STREET, FACTORY, OFF	ICE, FARM, ETC )	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
END! followed by the second se		22a.1 certify that (1) (the	4 / -	1	M.		9/, to		, that (I) (we) last he causes stated
the hor the bolt DIRE		226. SIGNATURE	Sperlin	Jus	ſ	EGREE ATTENDIN PHYSICIA	G MEDICAL STA	FF	TE SIGNED
TO HOSPITA retained by TO FUNERA should be di		22d. PHYSICIAN'S NAM CARL SPO	E (TYPE OR PRINT)  SKLING, 1	u.D.		201 E. UNIO	ERSITY PARKWI	44 21218	3
2643 BP		BURIAL, CREMATION, RE (SPECIFY) Buria	1 10/2	29/81	Holy	METERY OR CREMATO Redeemer	23d LOCATION CITY Balto	COUNTY	Ma.
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	3331 Bre	k Funera hms Lane	Home, Balto	Inc.	21213	CT 271981 2	AM. REGIST AR SSIGN	Parther



ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of

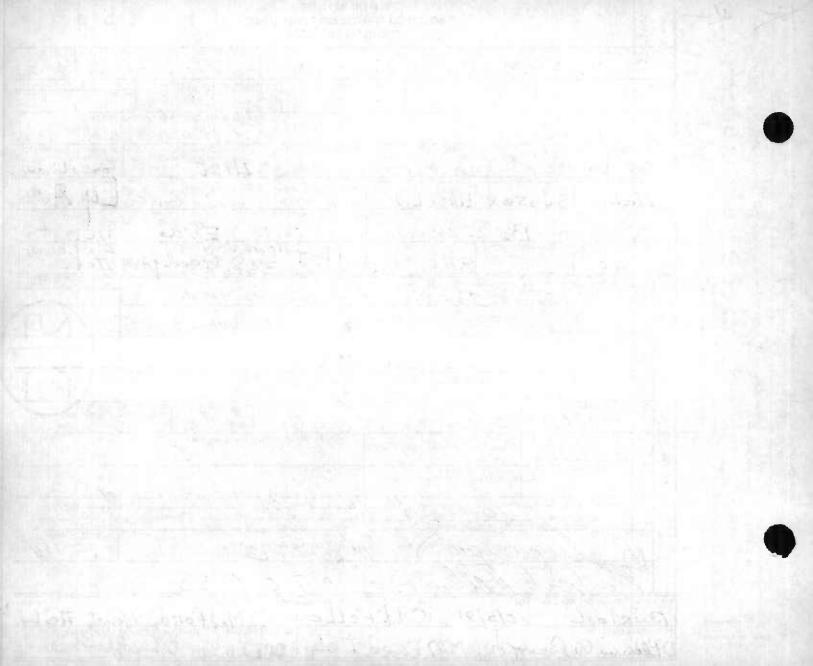
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF BEATH

1	- STATE REGISTRAR	DEPARIM		CATE OF DEATH	REG. N	elim O	9 0	
	ECEASED NAME FIRST	MIDDLE	LAS	T	2a. DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
	VIOLA			DOMZALSKI	OCTOBER 4	1981		324pg
3 SE	X ,	RACE	5. DATE OF		6. AGE (IN YEARS LAST BI	THDAY)	UNDER I YEAR	IF UNDER 24 HRS
F	EMALE	WHITE	MONTH	2 1913	67	YRS	INTHS DAYS	HOURS MIN.
la. B	IRTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY C	F DEATH	
21	ARTLAND	U.S.A.	WIDOWED		DALTIM	ORE	CIT	Y MD
2	OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING	DORESS)	OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR
D	ALIMORE	CHURCH I	10SP	ITAL	HOME	MAK	ER	
130	AL RESIDENCE (IF NURSING HOME OR O		لله . ما	34 INSIDE CITY LIMITS?	13e. STREET ADDRESS	mil	Tall	111-
4.	ATHER'S NAME	1441111	***	YES NO	10 N.	11116	IUN	1712
1		DDLE LAST	10-1	ANTOLILE	TTE MIDDLE	711-	1 5 LAS	Buch
60 \	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECUR	ITY NO.	7 INFORMANT	ADDR	SS	ZEG	DWSK
- (	YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 113 19 4	3555	MATTER	DAMITA	1cti	8N.1	MILTONA
	18 CAUSE OF DEATH (Enter only	one couse per line for (o), (b), and	(6)	WHILK	DOININ	W/	APPROX	IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAUSED	RY.		IRATORY ARRE	CT		BETWEEN	UNSET AND DEATH
	4100	DUE TO, OR AS A CONSEQUE				474		
	Conditions, if ony, which	(b)	101	MYOCARDI@	AL INFARCTI	ON	1000	
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		ave lotted			
	underlying cause last	(c)	100					
z	PART 2 OTHER SIGNIFICANT CO	onditions <u>contributing to d</u>	EATH BUT N	OT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN	IN PART I	
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH O	DEBATION	WAS DEDECTIVED	Laa- AUTORCY2	Table IF MEC 1	WEDE EILIEN	100 1100
FIC	THE DATE OF OFERATION	178. CONDITION FOR WHICH C	PERATION	WAS PERFORMED	20a AUTOPSY?		WERE FINDIN NG CAUSES	OF DEATH?
ERTI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	-	21. HOW IN HUBY OCCUP	YES NO	YES		NO 🗌
	OR CONTRIBUTING CAUSE OF DEATH	11010 110 110 1101101	YEAR	21e. HOW INJURY OCCUR	KED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 21	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					
MEC	21d INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		RIF. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK AT WORK		od-	TOBER 2 19 81				
	220 I certify that (I) this hospital					UBER_4		that (1) We lost
	sow the deceased alive on	OCTOBER 4		that in (my (our) opinion	death occurred on the d	ote and hour o	and from the	couses stated
	THE SHAPER ADDI	170 AbV/	DE	GREE	AMERICAN STA		The DATE	SIGNED
	ou myself	eucos		PHYSICIAN [	MEDICAL STA	IAN	10/	4/81
	274 PHYSICIAN'S NAME ITHINGS	went)		77e ADDRESS C	HURCH HOSPI	TAL		1
	WALKER	2		100 MN	BROADWAY			
	10.150.1500.			4 12 12 PART V	TAINTING TO THE TAINTING TO TH			

TD PUNERAL DRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the shared be detached for use as the buriol-transit permit. Then please remave corbanpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, crematian, ar remaval. mained by the haspital or attending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)

TEALLS INTO A MASSAGE OF STREET STREET 

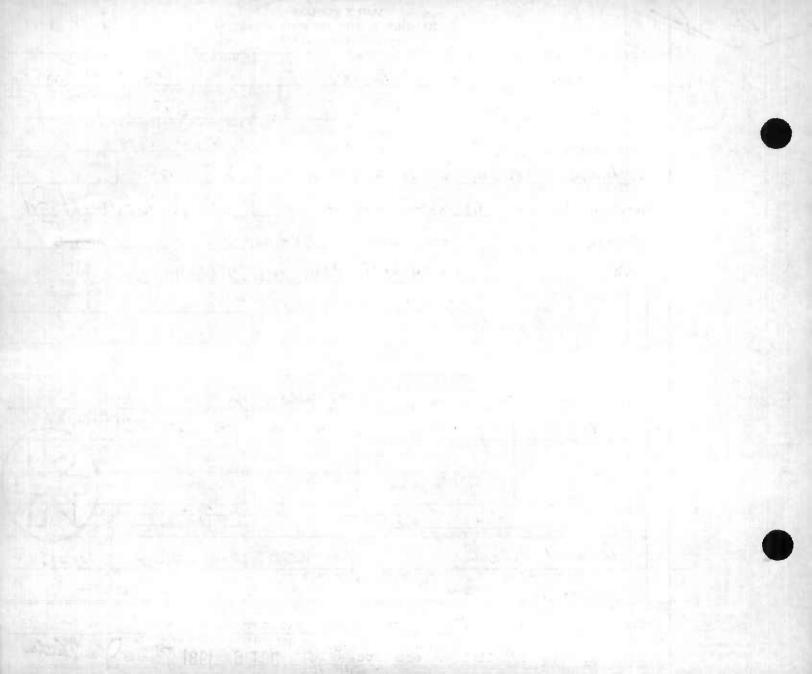


DHMH - 16 50M 1/81 (VRA 15, 4)

Ι,	REGISTRAR				CERTIF	ICATE OF I	HTASC		REG. N	10			
	ECEASED NAME	FIRST		WIDDLE		LAST		20 DATE OF	_	MONTH	DAY	YEAR	2h HOUR
-		MARY		Anthony	De	Avone	NS.N.	þ.		10	8	81	1:35
1 SI	FEM		4 RACE	CAIZA	5. DATE (		YEAR 95	6. AGE (INY	EARS LAST BI	RTHDAY)	MONTH	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
	SIRTHPLACE (S COUNTRY)		76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER	MARRIED T	9 BALTIMO	RECITY	OR COUN	_		MI
10 0	Baltimo	or DEATH	NAME OF MOTIN SUC Mer	HOSPITAL, NURSIN THE FACILITY GIVE STREET CY HOSPIT	G HOME C			Siste					of BUSINESS OR le Namur
Ma Ma	STATE STATE TYLAND	TH/COU	OTHER INSTITUTION OTY	Stevenso	N	13d, INSIDE C	NO X			ing V	'slle	ey Ro	ad
14. F.	Daniel		MIDDLE	Donovan		15. MOTHER:	s maiden na nah	ME	MIDDLE			Kec	hane
160	WAS DECEASED	DEVER IN U.S. AR	MED FORCES? /E WAR OR DATES)	16h SOCIAL SECU 207-40-3		Villa	Julie	Infirm	ADDR		As	#13e	2
CERTIFICATION	underlying  PART 2. OTHE	R SIGNIFICANT	CONDITIONS CO	SEPSIS  RAS A CONSEQUE  DE HYDR  DITTIBUTING TO D  TA SF	ATI S	NOT RELATED	TO THE TERM	INAL DISEASI		20b. IF Y	ES, WEF	RE FINDIN	NGS USED OF DEATH?
MEDICAL CERTI	OR CONTRIBUTION	NATIONDERLYING CALVES ON DEA	HOUR AL	M. MONTH DA M.	Y YEAR	Z 10	JURY OCCURS	RED (faithture	NO HILL		YES []	M PART 25	но 🗆
MEE	THE INCIDENT CO		21e, PLACE ( JAT HOME, 128	DE INJURY BET, FACTORY, OFFICE, FA	MALDC)	3) LOCATIO	DN .	,	CHY ON TO	14/14	C)	OUNTY	STATE
		hat (I) this halo fecaused alive on (we) (did) (flid no		A Second Control of the Control of t	1	od that in (my)						from the c	
	274 PHYSICIAN S MAME (1910 COLPECT)  TO UKE MANN  THORIST HOS DETAILS  THE PHYSICIAN STATE										10/	8/81	
23a.	BURIAL CREMA	TION, REMOVAL			AME OF C	EMETERY OR C	REMANDRY	THE LOCA	TION		10000	idi	2000
74 F	Burial	- OR	10-10-			Vork P		Ilc E REC'D. BY RI	hest	er.	OWAI	rd, N	lary land
Ru	ck Tows	on Chape	el Funer	al Home,	Tows	on, Md.	21204	)CT 13	1981	274	MCL	0	E phase rate.

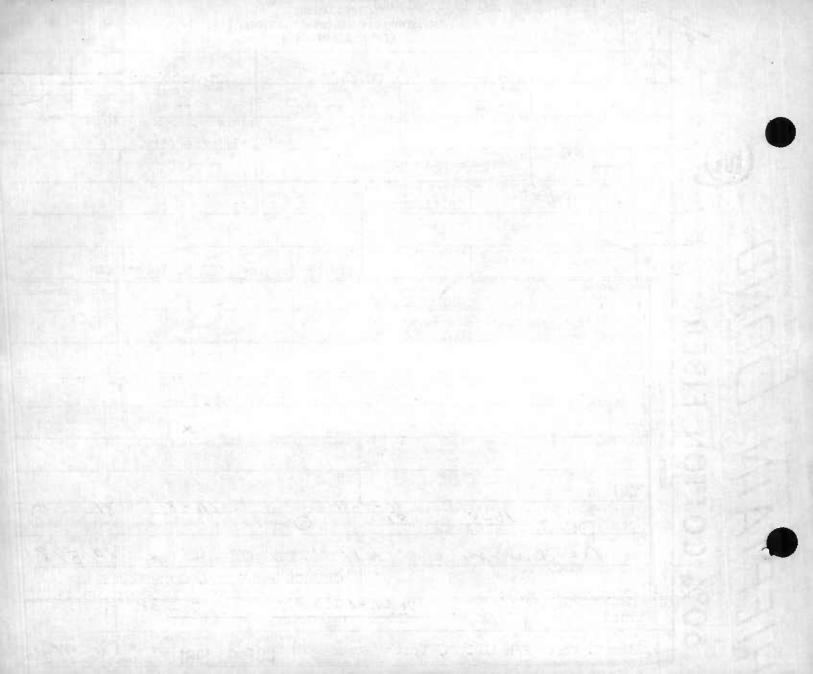
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Them 23cand 23D G 560 10/13/81 GASTATE OF MARYLAND



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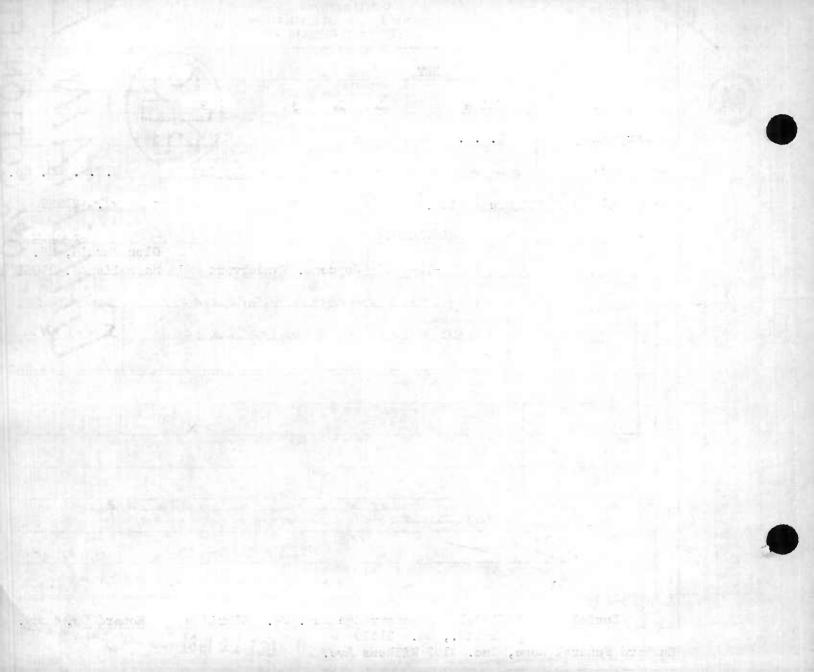
## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CENTII	ICATE OF D	EATH	REG. N	0.			
9		CEASED NAME FIRST	MIDDLE		LAST		20 DATE OF DEATH	MONTH	DAY YEAR	26. HOU	JR
		MARY		ZABETH	DORSEY				16 81	6	A M
ij	3. SE	X	4 RACE	5 DATE (		YEAR	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DATE		R 24 HRS
0		Female	White	3	11	25	56	YRS			
-	la. Bi	IRTHPLACE (STATE OR FORE THE	76. CITIZEN OF WHAT	COUNTRY?	D NEVER M	ARRIED	9 BALTIMORE CITY C				
>		Maryland	U.S.A.	WIDOW	DX DIV	ORCED []	BALTI	mok	LE CIT	3	MD.
	199	ITY OR TOWN OF DEATH	11. NAME OF HOSPIT	AL, NURSING HOME ( Y. GIVE STREET ADDRESS)	OR OTHER INST	TUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O		126 KIND INDUSTR	OF BUSINI	ESS OR
4	_	altimore AL RESIDENCE (IF NURS HE HOW	ASAINT ASK		TAL		Typist	-	U.S.	F. &G	. Co
<	130 S	aryland Ba	OR OTHER INSTITUTION GIVE RESUNTY 13c. C1	TY OF HI Whland	163	140 M	13e STREET ADDRESS 2813 Loui	sian	a Ave.	2122	27
è	I4 FA	ATHER'S NAME	MIDDLE	LAST		IRS1	WIDDLE			AST	
	1/2	John		iddlecoff		osé				Koeh1	
>			GIVE WAR OR DATES)	OCIAL SECURITY NO.	17 INFORMAN		ADDRI	GI	en Burn		
1		NO		9-12-9907	Joyce	E. Van	dervort 41	4 Ma			
-		18. CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one cause per line for						BETWEE	XIMATE INTE	RVAL DEATH
		IMMED!	ATE CAUSE (0) INC	REASED ;	MTRACA	CANIAL	PRESSURE		3 4	IEEK	2
		2376		CONSEQUENCE OF					-		
		Conditions, if any, which gove rise to immediate	(b) RR	AIN-Tumo	VR F	RONTA	L LOBES		3 m	ONT	45
	111	cause (a), stating the underlying cause last	DUE TO, OR AS A	CONSEQUENCE OF							
			( (c)								
	Z	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CON	DITION G	IVEN IN PART	0 '	
-	CERTIFICATION	19a DATE OF OPERATION	TIPE CONDITION E	OR WHICH OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	Tanh IF V	ES, WERE FIND	INCS HEE	
2	IFIC			on milen of Enviro	THE ASTERNOR	MED		IN CERT	TIFYING CAUSE	S OF DEAT	TH?
_	ERT	21g ACCIDENT WAS UNDERLYING	216. TIME OF INJUI	RY	Izir HOW IN I	LIRY OCCUPPI	ED (ENTER NATURE OF INJUR		YES _	NO [	
1		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. M	ONTH DAY YEAR		0, 0	ED (ENTER NATURE OF INJUI	(1 he light 18	PARTION PART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P	P.M. 21e. PLACE OF INJU	19	211 LOCATIO	N					
	ME	WHILE NOT WHILE	(AT HOME, STREET, FACT	ORY OFFICE, FARM, ETC )	STREET		CITY OR TO	WN	COUNTY	5	STATE
		220 I certify that (1) (this has	nital) ottended the deced	and from 101	3	19 8	10/	. 10	10 9		3.1
		sow the deceased alive	10/15	1 10 01 00			eath occurred on the de	ate and ho	our and from th	, that (I) (	
		22h SIGNATURE	not) view the body ofter de	0111.	DEGREE					E SIGNED	
		di	al		AT	TENDING HYSICIAN	MEDICAL STAI		10	1.61	281
1		22d. PHYSICIAN'S NAME AND	CONTRINST		22e ADDRESS	HISICIAN _	DIRECTOR PHYSIC	IAN MO	/	,0,,	)-
		C	HALMA	m.D.	S.A. 14.	900	CATONA	VE.	SALTO.	2,22	-5
		SURIAL, CREMATION, REMOVA		23c. NAME OF C			23d LOCATION CITY OF TOWN		COMMIT		TATE CO.
		Burial	10/19/81	Meadowr			Elkridge		Howard	Com/	Md.
		UNERAL DIRECTOR	Balto.	ADDRESS		25a. DATE	REC'D. BY REGISTRAR	250 AGIS	STRAR	- last	,
	Hub	bbard Funeral	Home, Inc. 4	107 Wilken	s Ave.	10/	7 3 1301	01-4	0		

DHMH - 16 50M 1/81 (VRA 15, 4)

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FOR

		5	T	ATE	01	M	ARY	LA	ND	
DAI	MTC	ENT	O	: ME	AL	TH	AMI		AEM	T

C

		REGISTRAR		CERTIFICATE OF DEATH  REG. NO.								
		CEASED NAME FIRST	MIDDLE	ı	AST	20 DATE OF DEATH		DAY YEAR	2b. HOUR			
Н	TYPE	E OR PRINT) EILE	N	DOUI	KAS	10-3-8	1		11:15			
Н	3. SE.		4 RACE	5. DATE C	-0.1-2	6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS			
			~ White	MONT		0.0		MONTHS DATS	HOURS MIN.			
3	7a B	Female  IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8.	10 1892	9. BALTIMORE CITY OR COUNTY OF DEATH						
7		COUNTRY)	W. CHIZEIT OF WHAT COOK	MARRIE	D NEVER MARRIED							
1		elfast Tre.	11. NAME OF HOSPITAL, NU	WIDOWE		Baltimor		Tial KINID O	MD.  F BUSINESS OR			
1	10. C	IT OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE ST		OK OTHER INSTITUTION	TYPE OF WORK FOR MOST OF	WORKING LI	FE) INDUSTRY				
0		ltimore	Uplands Home		Church Wo.	Own Home		Homema	aker			
1	USU.	AL RESIDENCE (IF NURSING HOME C STATE 136, COU	OR OTHER INSTITUTION, GIVE RESIDENCE B		113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS						
b		MD.		IMORE	YES NO	,5626 Loch	Raver	Blvd.				
	14. FA	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA							
C		John	Lamor		Rose	WIDDLE		James				
	16a V	WAS DECEASED EVER IN U.S. A		SECURITY NO.	17 INFORMANT	ADDRE	SS	U Allies				
	(	YES, NO OR UNKNOWN)     IF YES, G	IVE WAR OR DATES)	0-0821	Uplands Hom	e for Church	Wome	en				
			only one couse per Injector (a), (b)	· · · · · · · · · · · · · · · · · · ·	- 1111-		0		MATE INTERVAL ONSET AND DEATH			
		PART I. DEATH WAS CAUS	BETWEEN ONSET AND DEATH									
'n	-	H292 IMMEDIATE CAUSE (o) GIBU MITTO 03 11112 10 CT 10										
П		100100	DUE TO, OR AS A CONSE	EQUENCE OF	15- 119	5_						
	100	Conditions, if any, which	(b) 000 000									
		couse (a), stating the underlying couse lost.	DUE TO, OP AS A CONS	ONENCE OF	Petarral-							
			(c) /// 17/		WON FI CLO							
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONE	ITION GIV	VEN IN PART 10	) ·			
	CERTIFICATION							/4				
9	CA	190 DATE OF OPERATION	196. CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDIN				
	TIE			Total Control		YES NO		ES 🗌	NO 🗆			
3	Ü	21a ACCIDENT WAS UNDERLYING	LUCUS A M MONITU	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)				
7	¥.	OR CONTRIBUTING CAUSE OF DE	AIR	19								
4	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		21f. LOCATION	CITY OR TOV	esh i	COUNTY	STATE			
	₹	WHILE NOT WHILE AT WORK	AT HOME STREET, FACTORY, OFF	FICE, FARM, ETC )	STREET	CIIT OR TO	***	COUNT	STATE			
			pital) attended the desposed fro	om 10-8	72 19	10 12 15-	P	19	that (I) (we) lost			
		sow the deceased alive a	9-30-81		nd that in (my) (our) opinion	death accurred on the do	te and hou					
		obove, (I) (we) (did) (did n	ot) view the body ofter death.		DEGREE			22c DATE	SIGNED			
	177	//	mun		ATTENDING	MEDICAL STAF		10-	5-8			
_		22d PHYSICIAN'S NAME (TYPE	2000000	^ -	PHYSICIAN [ 22e. ADDRESS	DIRECTOR PHYSIC	IAN []	10-	10			
1		AFRA TI	PON GEORGE	Nobne	3360	Wilsen	D	YL B	do			
		200 17	) 00 -		ンプレレー	, , , , , , , ,	V /					
		BURIAL, CREMATION, REMOVA	L 23b. DATE	23¢ NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE			
		Burial	10/7/81	Greek O	rthodox Cemet		1	Balt.	Md.			

DHMH-16 30M 2/80 (VRA 15, 4)

24. FUNERAL DIRECTOR Witzke P.A. Mitzke P.A.

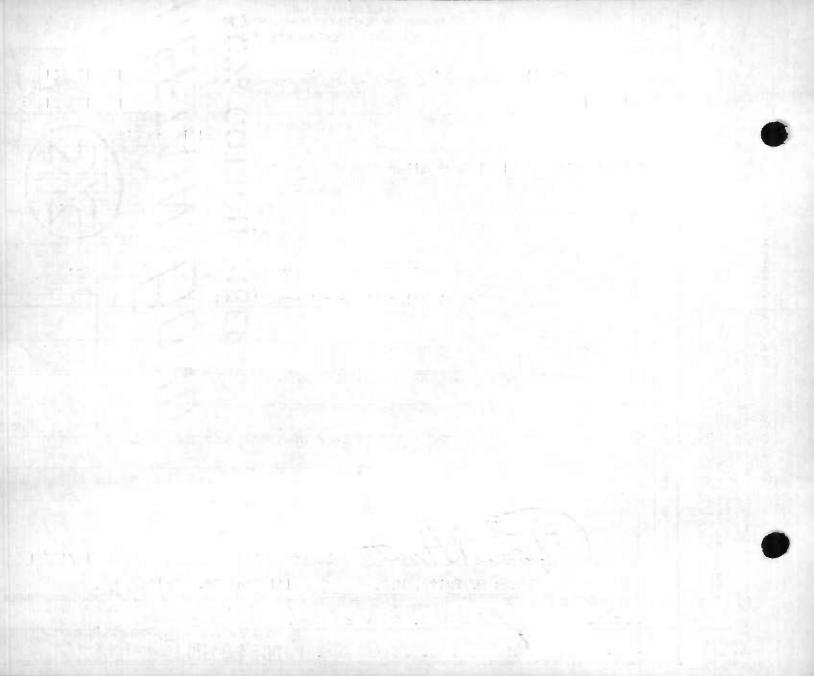
1630 Edmondson Avenue, Catonsville, Md. 21228

Greek Orthodox Cemetery Woodlawn DATE REC'D.

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1	FOR			D	EPARTM	ENT OF	HEALTH	AND MEN	YTAL H	YGIEN	F3 1		2	- 5	23	.)	. 4
	<ul> <li>STATE</li> <li>REGISTRAR</li> </ul>			MED	ICAL EX	KAMIN	ER'S C	ERTIFICA	ATE O	F DEA	ŤH '	REG.	NO.			Goo	
	DECEASED NA	ME FIRS	T		MIDDLE			LAST			OF DATE	NOWN	MOI	HIM (	DAY Y	EAR	2b. HC
1,	TYPE OR PRINT)	Fed	elle		A.		D	owning		100	DEATH	MATED		10	1719	81	
3. S	EX	4. RACE	S DATE O			AGE (IN YE	ARS IF UN	DER 1 YR. IF	UNDER 2		c. DATE		MÔN			YEAR	2d. HC
	Female	Black	10	8	80	73 RINTHO	MONTH	IS DAYS	HOURS	MIN.	RONOUN	CED		10	1719	81	8:4
0	BIRTHPLACE		76. CITIZEN	OF WHA	AT COUNTR		8. MARRI	ED NEVE	D A4 A D D IF		BALTIMO	ORE CIT	Y OR CO	UNTY			
	FOREIGN COUNTR	v) VA		U,	SA		WIDOW	3.7	DIVORCE		Balti	more	e Cit	ty,			
0.	CITY OR TOW	N OF DEATH	II. NAME	OF HOSP	ITAL, NURS	ING HOM	, OR OTH	ER INSTITUTIO	NO		AL OCCUP		TYPE OF WO	ORK 12h	OR IND	F BUS	INES!
	Baltim	ore City	1 16	31 M	on tpe	ier :	Stree	+	(3)	POR M	OST OF WORK	ING LIFE)		1	OK II4D	OSIK	
US 13a.	UAL RESIDENCE.	E (IF IN NURSING HE		TUTION, GIVE	RESIDENCE BE	FORE ADMISSI	(NC	13d. INSIDE CITY	LIMITS?	13e. STRE	ET ADDRES	is					
	MD				Balt	riown	e		NO 🗌	16	31 M	lont	pel:	ier	St		
14	FATHER'S NA		MIDDLE		LA	31		15 MOTHER'	T		MI	DOLE			LAST	117	
	Lim				awrer	ice			stel.	la	1 316			211	and		
160	WAS DECEA (YES, NO, OR UNK	SED EVER IN U.S	ARMED FORCE			L SECURIT		17. INFORMA				ADDR				-	
	No				215-	74-0	418	Norma	an A	rtis	430	4 T	orgi	ue	St.		
	18 CAUSE	OF DEATH (Ente						A PARTY							APPROX BETWEEN	IMATE I	NTERVA
	1	IMME	USED BY: DIATE CAUSE (c	Arte	erios	clero	tic c	ardiov	ascu	lar d	liseas	е			1111		
	7	292		TO, OR A	S A CONSI	QUENCE	OF										
-		rions, if ony, w		0)													
		(a) stating the un	der- DUE	TO, OR A	S A CONSE	QUENCE	OF				119	344					
	1711.9	0036 1031.	(c	)(													
1.		SIGNIFICANT CONDIT	IONS CONTRIBUTING	TO GEATH BU	T NOT RELATED	TO THE TERM	INAL OISEASE	OR CONDITION G	IVEN IN PART	Flat		Che.					
MEDICAL CERTIFICATION	In Days	05.0050.17.01.	100														
N O	ING. DATE	OF OPERATION	196	CONDITI	ON FOR W	HICH OPER	ATION W	AS PERFORMI	ED?						20 AUTO	PSY?	
1 8	a) EVER	The Callettan													YES		NO
0	UNDERLYII	NAL CAUSE WAS		TIME OF I	MONTH D	AY YEAR	21c. HC	W INJURY O	CCURRED	(ENTER N	ATURE OF INJU	JRY IN ITEM	18 PART 1 C	OR PART 2	)		
N V	CONTRIBU	TING CAUSE		P.M.		19											
AES I	WHILE	OCCURRED NOT WHILE			RY, FARM, ETC.			TREET			CITY OR TOW	/N		COUNT	γ		STA
1	AT WORK	NOT WHILE	U														
	22a. I ce	rtify that I to Co	harge at the com	ains descr	bed above	held an	Autops	у 🔲 .	Inspection	XI.	Inquiry		and in m	ny opini	DR		
	deoth res	ulted from: 18	afund courses X	X C	Meidens 1	] Su	side 🔲	Hamicid			rmined ma	nner [	],	, ,			
1		1 0	1	- (/	14	1	/	TITLE (SPE	CIFY)								
1	SIGNATUR	E ()	how	in	J/h	MUS	1 .	Deput		e febr	CALEXAM	INFR	D/	ATE	10/1	8/8	31
1	-		V				-										
1	EXAMINER (TYPE OR P	'S NAME RINT)	Thomas	D	Smith,	, M.D.		ADDRESS	111 F	enn	St.	Ba I	to.,	MD.			
230	BUDIAL CREA	ATION DEMOV	AL 23b. DATE		23c. NA	ME OF CE		RCREMATOR	Υ	23d. LO	CATION			COUNTY		STA	
	Bur	ial	10/2	1/81	Mt	. Ca	lvar	y Cem.		Ba	altin	ore		COUNTY	- 1	MD	TÉ.
24.	FUNERAL DIR	ECTOR						250	O. DATE RI	EC'D. BY	REGISTRA	25b. RE	GISTRA	R'S SIGI	NATURE	76	Ene
	Wm. C	. Marci	h F/H	ADDRESS 110	1 E.	Nort	h A		กกา		1091	71	new	Sal	n / 10	w	-9 40

STATE OF MARYLAND

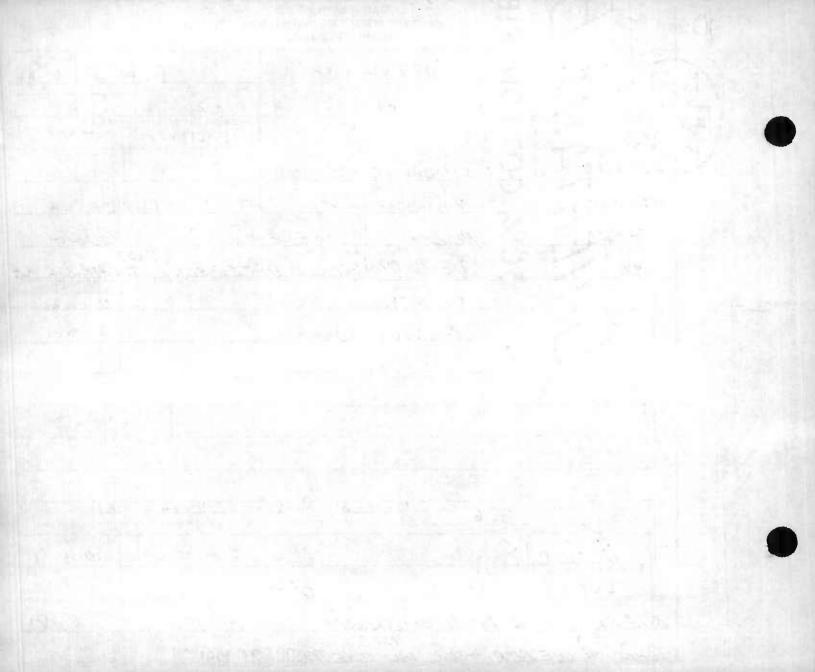


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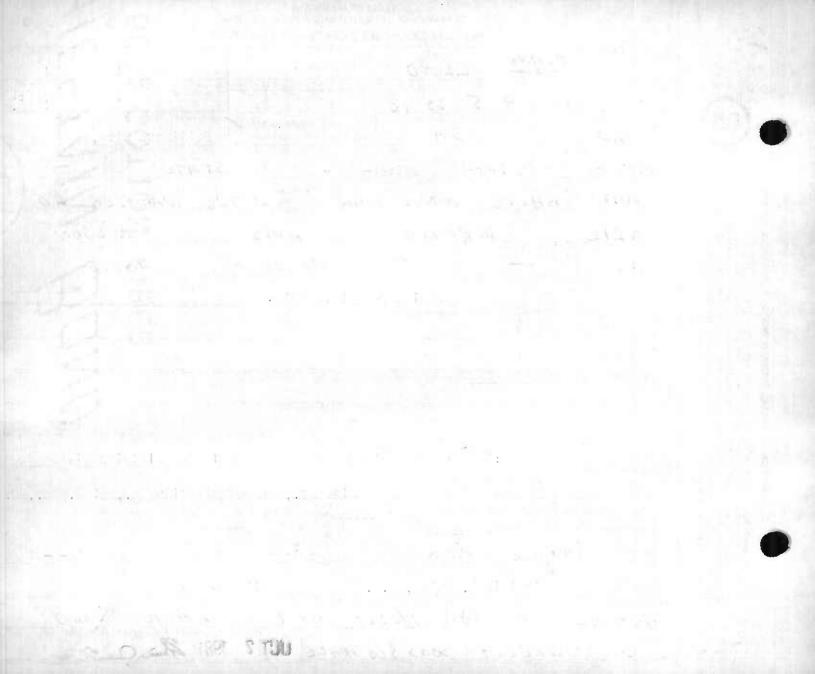
STATE OF MARYLAND

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10	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH		2582
-	DECEASED NAME FRSI	DRZEWIECKI	REG. NO DATE OF DEATH  GE (IN YEARS LAST BIR	MONTH DAY YEAR 26. HOUR 1 35 A
30		W 07 25 39	42	YRS DAYS HOURS MIN
MI	BIRTHPLACE (STATE OR FOREIGN	MARRIED WEVER MARRIED WIDOWED DIVORCED	BALTI	RCOUNTY OF DEATH
8/	BALTIMORE	(IF MOT IN SUCH FACILITY, GIVE STREET ADDRESS)  ALTIMORE CITY HOSP (TYP)	USUAL OCCUPATION OF WORK FOR MOST O	
35/	1) assort 6	DONTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e :	STREET ADDRESS	+ PATRICIA LA
30	FATHER'S NAME FIRST  JAMES	MISLAK 15. MOTHER'S MAIDEN NAME	WIDDIE	YOUNG
a ledicol	( WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	EWIECIE	ss 7807
oi, cremation, ar remayai. or ather troumotic event, th	PART I. DEATH WAS CA	DIATE CAUSE (0) PULMONARY ARKEST  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 41 20 K ( 2 WORFS
8 shows ony injury, or	PART 2. OTHER SIGNIFICATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED  20 YE	o AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \sigma \) NO \( \sigma \)
or Hem 1	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH DAY YEAR	ENTER NATURE OF INJUR	
If Hem 21 is marked	220.1 certify that (I) (this his sow the deceased plive	ospital) ottended the deceased from 10 - 4 - 81 , 19 81 , 19 81 , and that in (my) (our) opinion death death DEGREE	o O O O O O O O O O O O O O O O O O O O	the and hour and from the causes stated  22c. DATE SIGNED
MPORTANT 230	22d. PHYSICIAN'S NAME (TO LUCIE  BURIAL, CREMATION, REMOVED SPECIFY)	PHYSICIAN DIR	LOCATION CITY OR TOWN	
1/81	FUNERAL DIRECTOR	10-19-81 OAICLAWN  ADDRESS 401 S. 250 DATE REC	D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE



	-		STATE OF MARYLAND	
		FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENS	0 2 6
		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
		EASED NAME PIRST	PANE LLOYD  Duffield  70. DATE KNOWN X MONTH OF ESTI- DEATH MATED 10	2 19 81 M
	3 SEX	lale White	S. DATE OF BIRTH MONTH DAY YEAR 1 S. DATE MONTH PRONOUNCED DEAD 10	2 19 81 D.M
	Za. BI	RTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED P. BALTIMORE CITY OR COUNTRY	
3	10	REIGN COUNTRY)	WIDOWED DIVORCED Baltimore City	• MD.
X		altimore	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  University Hospital—STU — DOA  128 USUAL OCCUPATION (TYPE OF WORK IN FOR MOST OF WORKING LIFE)  FOR MOST OF WORKING LIFE  STATE	D. KIND OF BUSINESS OR INDUSTRY
~		L RESIDENCE (IF IN NURSING HATE	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	e po
<u></u>	14. FA	THER'S NAME	IS, MOTHER'S MAIDEN NAME	) AU
30	)	NEIL		SON
2	16a V		VE WAR OR DATES)	
		NO	- PARENTS ABOV	E
	-11	18 CAUSE OF DEATH (Enter PART I DEATH WAS CAUST	only one couse per line for (o), (b), and (c).) SED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			ATE CAUSE (o) Cranfoce rebrai Injuries	
BALLIMORE, MARY LAND, 21201 PRIOR TO BURING, OR KEMOVAL.	7	Conditions, if ony, whi	DUE TO, OR AS A CONSEQUENCE OF	
a l	-	gove rise to immedia	te / (b)	
		couse (a) stating the under lying couse last.	DUE TO, OR AS A CONSEQUENCE OF	
			(c)	
	z	PART Z UTNEK SIGNIFICANT CUNUITU	NS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T   a.	
$\dashv$	CERTIFICATION	19a DATE OF OPERATION	19% CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
	IFIC,			YESXIX NO [
-	ERT	210 EXTERNAL CAUSE WAS	27b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART	
3	ALC	UNDERLYING OR	HOUR X.M. MONTH DAY YEAR	
	MEDICAL	21d INIURY OCCURRED	FDEATH 4: U2P.M. [0 2 1981   driver of motorcycle in collision	WITH auto
	¥	WHILE NOT WHILE	STREET, FACTORY, FARM, ETC)  STREET . CITY OR TOWN . COUNTY	
5		AT WORK AT WORK		I to. Co., Md.
7		22a. I certify that I took cha	orge of the remains described above, held an Autopsy XXIII. Inspection II., Inquiry II., and in my api	nion
-		death resulted from: No	turol couses Accident X, Suicide Homicide Undetermined monner,	
		ACTUAL LAND	TITLE (SPECIFY) ASSISTANT DATE	10 7 01
_		SIGNATURE	ma Zuotan M.D. Assistant MEDICAL EXAMINER SIGNED	10-3-81
7		EXAMINER'S NAME	Vincinia I. Dalas M.D. III Day Charat	
1		(TYPE OR PRINT)	Virginia L. Dolan, M.D. ADDRESS III Penn Street	
	23a.Bl	JRIAL, CREMATION, REMOVAL	236 DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN	Y STATE
	_	SURIAL	10/6/81 HOLLY HILL CHYORTOWN ALTO. COUNT	MD.
	74 FI	INERAL DIRECTOR	ADDRESS 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SI	SNATURE
	V	. 6. CON	NELLY SOWS 300 MACE OCT 7 1981 France	22-75



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DHMH - 16 50M 1/81

(VRA 15, 4)

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## STATE OF MARYLAND FOR - STATE

MIDDLE

REGISTRAR

MD

FIRST

113h COUNTY

BEATRICE

DECEASED NAME

(TYPE OR PRINT)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DUNLAP

LAST

REG. NO 20. DATE OF DEATH MONTH 2h HOUR 10-14-81 4:55pm FR I YEAR

KIND OF BUSINESS OR

INDUSTRY

							_
EX	4. RACE	5 DATE OF BI	RTH		6. AGE   IN YEARS LAST BIRTHDAY)	IF UNDE	ER I YE
FEMALE	BLACK	MONTH 2	22	02	79 YRS		DAT
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED X	NEVER M	ARRIED -	9 BALTIMORE CITY OR COUN	TY OF DE	ATH
MARYLAND	U.S.A	WIDOWED	) DIV	ORCED	BALTIMORE	. CI	TY
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR O	THER INST	TUTION	120 USUAL OCCUPATION	12h	KINI

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTIMORE CHURCH HOME & HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

13c. CITY OR TOWN

BALTO

13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 501 E. NOF PRESTON

(TYPE OF WORK FOR MOST OF WORKING LIFE)

4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST JOHN TONY SCOTT **EDNA** 

160 WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS 16b SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN NO 213-12-3618 2313 E.JEFFERSON DOROTHY AUGINS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per lim for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: VENTRICULAR XXXX TACHYCARDIA IMMEDIATE CAUSE ASONSEQUENCE OF ARTERIOSCLEROTIC CARDIO VASCULAR DISEASE Conditions, if ony, which gave rise to immediate lol, stating DUE TO, OR AS A CONSEQUENCE OF underlying couse last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g

ICAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
RTI				YES NO	YES 🔲 –	NO 🗌	
AL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	RY IN ITEM 18 PART 1 OR PART 2)		
3	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19					
MEDI	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE	

STREET CITY OF TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 81 I WORK

saw the degrased alive an. obove, (1) (we) (did) (did nat) view the bady after dea 22b. SIGNATURE DEGREE 22c. DATE SIGNED

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS DR

N8	IVAN	MU	100 N BOOKS	tal NA	TIMODE	MADVI AND	12123
230 BURIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF	EMETERY OR CREMATORY	230 LOCA	IPN INTE	TIMIN LAND	61601

10/19/81 BURTAL 24 FUNERAL DIRECTOR

ARBUTUS MEM, ARBUTUS CEM

ADDRESS WM 1101 E MARCH F/H NORTH AVE

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61		OR .			DI	EPARTA	STA MENT OF		MARYLAI H AND M		IYGIENĮ	5 1		2 5	3	2	3
4		TATE EGISTRAR			MED	ICAL E	XAMIN	IER'S	CERTIFI	CATEC	F DEA	TH	REG. N	10.			
		ASED NAME	FIRST			MIDDLE			LAST		- 1	a. DATE I	KNOWN S	X MONTH	DAY	YEAR	Zb. HOUR
888E	(,,,,	24 7 4 11 1 1	Henry	,	Jan	nes		Du	preez			DEATH	MATED	0 10	2219	81	м
支援	SEX	4. 1	RACE	S. DATE OF	BIRTH	YEAR	6. AGE (IN YE		NDER 1 YR.	IF UNDER		RONOUN	ICED	MONTH	DAY	YEAR	21 HOUR 2:08
	Ma	le	White	Jan.		916	1 -	RS.	DATS	HOURS	MIN.	DEAD	CED	10	22 19	81	P. M
1	70. BIRT	HPLACE (STATE	OR	76 CITIZEN	OF WHA	T COUN	TRY?	8. MARE	RIED NE	VER MARR	IED 🗌	BALTIM	ORE CITY	OR COUN	ITY OF DE	ATH	
4	Rep	.So. Af	rica	U.	S.A.				VED 🗆	DIVORC		Ba	altimo	ore C	ity.		MD.
1	10. CITY	OR TOWN OF	DEATH	HE NOT IN	SUCH FACIL	ITY GIVE ST	SING HOM	E, OR OT	HER INSTITU	TION		AL OCCUP		YPE OF WORK	12b KIND	OF BUS	INESS
1		altimor		E	Balti	more	City		itals		For	k Lif	t Op	r.	Doxs		
	USUAL 130. STA	RESIDENCE (#1	N NURSING HOME (		UTION, GIVE	RESIDENCE I	OR TOWN	ON)	13d. INSIDE C	TEY LIMITS?	13e. STRE	ET ADDRE	SS				
2[	100	ryland					ltimo	re	YES 🔀	NO 🗆			al St	treet			
J		HER'S NAME		AIDDLE			AST		15 MOTH	ER'S MAID			IDDLE		LAS	T	
1		Henry				DuPr	eez		M	ary			lissa		Unkn		
T	160. W/	AS DECEASED E	VER IN U.S. AR	MED FORCES	S?	16h SOC	IAL SECURIT	Y NO.	17. INFOR	MANT			ADDRES	SS			
1		no				073	-22-10	686	Edwa	rd Ca	rey 2	930 I	E. Ba	ltimo	re St	•	
ľ		8 CAUSE OF D	EATH (Enter an	nly one cause											BETWEE	OXIMATE I	NTERVAL AND DEATH
		PARTIDEAT	H WAS CAUSE	TE CAUSE (o	Art	erio	scler	otic	Cardi	ovasc	ular	Disea	se		1		
Ş	-	429	2		TO, OR A	S A CON	SEQUENCE	OF									
Skidi, Crewalion, Ok Removal.	_	gove rise	if ony, which to immediate	) (b	)										6	W.	
		couse (a) sta	ating the <u>under</u> -	DUE	TO, OR A	S A CON	SEQUENCE	OF							1 30		
1				(c)									100				
		PART 2 OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING T	O OEATH BU	T NOT RELAT	EO TO THE TERM	AINAL OISEA	SE OR CONDITIO	N GIVEN IN PA	ART Lags.						
	9			Lon													
23	CERTIFICATION	19a DATE OF OF	EKATION	19b. C	CONDITIO	JN FOR V	VHICH OPER	(ATION V	VAS PERFOR	KMEU?						TOPSY?	
1	E	la EXTERNAL C	ALICE VALAC	711 7	TIME OF II	MILLIDY		121. 1	1014/ INTH (S)	0000000		- T. INT. OR				S []	ио ХХ
2		UNDERLYING	OR	HO	UR A.M.		DAY YEA	R ZIC. F	IOW INJURY	OCCURRE	ED (ENTERN	ATURE OF INJ	URY IN ITEM I	8 PART I OR F	ART 2)		
	2	ONTRIBUTING	CAUSE OF		P.M.	VALILIAL	19 (AT HOME,	211 10	CATION								
		WHILE -	OT WHILE T		REET, FACTOR			711. [0	STREET			CITY OR TOV	WN	C	OUNTY		STATE
			TWORK														
		220 I certify t	hat I toak charg	ge of the remo	ains descri	ibed abav	ve, held an	Auta	osy 🔲,	Inspectio	ın XX.	Inquiry	□, _ <	ond in my	pinian		
		death resulted	ram Natu	ral couses	X]. A	Accident	, Su	ricide	], Hami	cide .	Undete	rmined mo	anner 🔝				
		ACTUAL	11		90	) 1				SPECIFY)	1			DATE		0-23	2 01
-		SIGNATURE	Mich	va	1	olan		/	A.D. ASS	istan	TMEDI	CALEXAM	INER	SIGN	ED	U-Z2	-01
1	1	XAMINER'S NA	ME VI	cainia	1 0	olan	МП				HIP	enn c	Stree	t			
4		TYPE OR PRINT)	* 11	rginia	h, L				_ADDRESS_					-			
	Z3a. BUI	RIAL, CREMATIC ECIFY) Irial	N, REMOVAL		4 700		IAME OF CE				Z3d. LO	CATION	D		UNTY	STA	YE .
		NERAL DIRECTO	NP.	Oct.2	O TAS	ori c	ak La	WII U			REC'D AV	DECHETO A		1 terms	reor	argie.	and
	-	NAME			ADDRESS	-		-		250. DATE	F 26	1981	PAR REC	Con D			
	L1	Lly & Ze	eller,	inc. 7	ws.	Cor	kling	St.		00							

tion. A Little 65 Reg. Jc. Airica | U.L.A. . Dorse Life Upr. Tilkowee Co. Topoxic incace Elli K eventylei ---- bnelyzek Henry tarroom Mary Melieus Unionen of -22-1685 Lineard Carey Lett E. Estateore St.

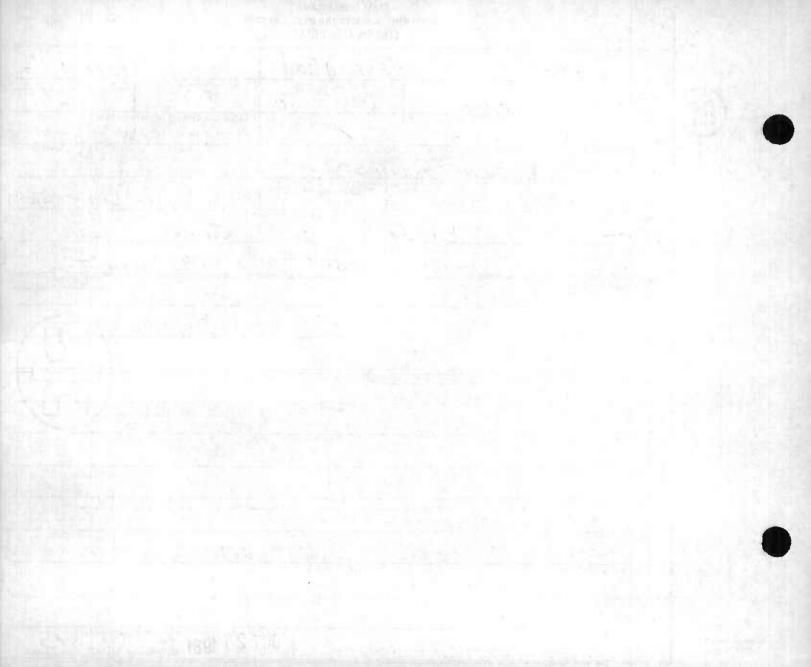
harini tet.26 1981 tek Lewn Cemetery
LICILY & Solley, Inc. 700 5. Corkling St.

2	1.	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR  STATE OF MARYLAND  CERTIFICATE OF DEATH  REG. NO.	3 2 9
2 71 t		ECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY DEORPRINT)  EDITH C. DURHAM	981515
100	3. SE		ER 1 YEAR IF UNDER 24 HRS
the party of the p		BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEW MARRIED DIVORCED BALTIMORE CITY OF COUNTY OF DE WIDOWED DIVORCED BALTIMORE CITY	EATH MD.
201 the other filled with the holy the the		BALTIMORE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) UNION MEMORIAL HOSPITAL TRACEIAL NURSE  WHE OF WORK FOR MOST OF WORKING LIFE) INC.  WHEN SUCH FACILITY, GIVE STREET ADDRESS)	KIND OF BUSINESS OR DUSTRY
LAND 21 LAND 21 y filled or should be entired to	130	STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13c. STREET ADDITISS 13c. STREET	YORK AD.
RE, MARYLA rcuted within completely is 1 and 2 she		ALEX DURHAM FRET UNKNOWN	LAST
be executor on ond control of control on ond control of		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO PRINKNOWN) (IF YES, GIVE WAR OR DATES) 218-03-6115 OLIVER RVTH 2101 EDME &	DSON AVE.
ON ST., BAL h certificate ding physici orbonpapet or removol.		D389 DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the state		gove rise to immediate couse (a), stating the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF (c)	
ORDS, 2 require. Then porto bury, rinjury,	NOL	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PLANE PART OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PART OF THE PARTY OF THE P	PART I(a)
DIVISION OF VITAL RECORDS,  NG PHYSICIAN. The low requir otherding physicion.  After this certificate hos been sign of the buriol-transip permit. Then tho and Mental Hygiene prior to b orked arr frem 18 shows any injury	CERTIFICATION	YES NO YES YES	E FINDINGS USED CAUSES OF DEATH?
VISION OF VITAL  G PHYSICIAN: The ontending physicia  ret this certificate is she build-transit  ond Mentol Hygier  ked or item 18 sho		210. ACCIDENT WAS UNDERLYING	PART 2
DIVISION DING PHYSO or attendir attendir to so the bud although morked ar I	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK  219. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211. LOCATION STREET CITY OR TOWN COL	UNITY STATE
NTENDI spiral or CTOR: A far use of Heal		220 I certify that (I) (this haspital) attended the deceased from OCT, 3, 19 1, to OCT, 3, 19 8 sow the deceased alive an OCT 3, 19 81, and that in (my) (our) opinion death occurred on the date and hour and from above, (I) (we) (did) (did nath view the body after death.	7 11101 (1) (110) 1001
by the hos by the hos ERAL DIREC e detached State Dept.		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	C. DATE SIGNED
TO HOSPITAL OF FUNDER BY THE CONTROL OF FUNDER BY THE STORE EMPOREMENT: If		22d PHYSICIAN'S NAME (1996 ORPRINT)  120 ADDRESS  UNION MEMORIAL HOSPITAL	
090/ BP	0	BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN BALK	5.0. MD.
DHMH-16 30M 2/80 (VRA 15, 4)	24 FI	NEWELL F.H. 1100 REISTERS TOWN D. 2500CT REC'D. BY REGISTRARIZED,	an Narther

ASSAULT AND THE COMMERCIAL PROPERTY OF THE PARTY OF ALEX DESIGNATION OF THE SECOND SECOND 

3	1.	FOR STATE REGISTRAR	DE		LTH AND MENTAL HYG ATE OF DEATH	IENE S REG. N	2. 5	000
o m 4		CEASED NAME FIRST	MIDDLE	15 00	2.26-11	20. DATE OF DEATH	MONTH DAY YEAR	26. HOUR
oy b		ANNA		EAD	DY) rady	1.105	10/24/81	HM
4 P	3 SE	Female	4. RACE	5. DATE OF B	DAY YEAR	6 AGE (IN YEARS LAST BI	MONTHS DA	
Pog V Sell		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	UTRY2 8	3	9 BALTIMORE CITY O	YRS. DR COUNTY OF DEATH	
e de la company	5	· Carolina	U.S. A.	MARRIED L	DIVORCED	Balt.	CILY.	
e de f	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR		12a USUAL OCCUPAT		D OF BUSINESS OR
S office of the filled of the		Baltimore	BON S	ECOURS		UNEMPI		RY
d in d be	13a.	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN	OTHER INSTITUTION, GIVE RESIDENC	E BEFORE ADMISSION)	I. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
AND 2 n 24 h n 24 h heuld t		Md. Bal			ES NO		aker Stre	et 21217
within oletely and 2 s	14 F		MIDDLE	ST Add 15.	MOTHER'S MAIDEN NAM	ME		(AST
X be a second	160	VAS DECEASED EVER IN U.S. AR	MED EODCESS TAN SOCIA	L SECURITY NO. 17.	MARY INFORMANT -	Jame		ddy
BALTIMORE, cote be executy ysician and coppers. Pages you!.			E WAR OR DATES) 248	-66-6318	Robert Eac	dy 1349	Carey 5	<u>t:</u>
BAL! cate appering		18. CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSE	ly one couse per line for (a).	b), and (c).)	1		APPR BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
ST., g ph pan p remo			E CAUSE (0) CALL	o resport	inny a	wet		
PRESTON the death of the attendin e-mave carle stration, ar		4140	DUE TO, OR AS A CON	SEQUENCEOF	al: he	and Man	100	
RESI dec ation frour		Canditians, if any, which gave rise to immediate	( 16) WYU	w so an	ine we	US Offe	re	
by the case rerail of crem		couse (a), stating the underlying cause last.	DUE TO, OR AS MEON	SEQUENCE OF	,			
S, 20	7	PART 2. OTHER SIGNIFICANT C	ONDIMONS CONTRIBUTION	O TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	1(0)
ORD requestors r. The pr. The	ē	ma stage	Peval 2	rsease		-		
DIVISION OF VITAL RECORDS, 201 W.  NG PHYSICIAN: The law requires that it other ding physician the seen signed by the this certificate has been signed by the buriol-transit permit. Then please the and Amental Hygiene prior to buriol, created ar them 18 shows any injury, ar other and the seen or the angle of the seen of the seen or the seen of the seen	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR V	vhich operation w	VAS PERFORMED	200 AUTOPSY?  YES □ NO□	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	DINGS USED SES OF DEATH?
DF VITA Harman Harman Mm 18 sh	CER	21a. ACCIDENT WAS UNDERLYING		21	t. HOW INJURY OCCURR		RY IN ITEM 18 PART 1 OR PART	2)
SIC1A ng ph ng ph certifi urial-ti ental	AL	OR CONTRIBUTING CAUSE OF DEA	un	19				
HYS ndin this of d And d And	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		LOCATION	CITY OR TO	OWN COUNTY	STATE
DIVIS ING F r after as thi Ithan	>	AT WORK NOT WHILE AT WORK	(H. HOME, SINCET, FRETOKI, T	01	11 01	in la	( 0:	
ENDIR tal or OR: Al		22a.1 certify that (1) (this haspit	10101	- 1 l	19 0		7 198	, that (I) (we) last
R ATTE hasputa RECTO ed for ed for ppt. of h		saw the deceased alive an above, N (we) (did) (did no	t) view the body ofter death.	19 Jand H	hat In (my) (our) opinian o	death accurred an the d	ate and havr and Iram t	he causes stated
0 " 0 0 0 =		226. SIGNATURE	A A A	DEC	ATTENDING	MEDICAL STA		TE SIGNED
by the		700	MU	101.	PHYSICIAN L	DIRECTOR   PHYSIC		124/01
TO HOSPITAL cretained by the TO FUNERAL I should be detained with the State I IMPORTANT. If		22d, PHYSICIANI'S NAME (TYPE O	A. BEL	TRAN "	1940 W.	Baltmy	u (4. )	1223
O = 5 € 3 ₹		BURIAL, CREMATION, REMOVAL	23b. DATE		ETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
50 BP		Burial	10/28/81	Mt Aubur	n Cemetery	Baltimore		Marate
DHMH-16 30M 2/80		JNERAL DIRECTOR	ADI	PRESS	250 PAT	T271981	256, REGISTRAP'S SIGN	ATURE
(VRA 15, 4)	Wi	lliam C. March	F/H 1101 E. N	North Avenu	ue	1901	Bancos Lan	- lathen

STATE OF MARYLAND



21212

4905 York Road Balto., Md.

(VRA 15, 4)

A-U TO ME , HEN ZOZAN /is Fraciant Manage James Willer Easter Pannistra Tool IV . His many in the same in the 212 OS 0074 James M. Easten, II Aucrey E. Rimandson, M. D. Jesvick Home. Palto., No. 10 12/E1 St. Thomas Cem. Gamison Forest, St Mil. santy M. Jenkins & Sons Co. 4995 York Foad Latto., Nid. 21212 STATE

RECHSTRAR

24 FUNERAL DIRECTOR

William C. March F/H 1101 E. North Avenue

DHMH-16 30M 2/80

(VRA 15, 4)

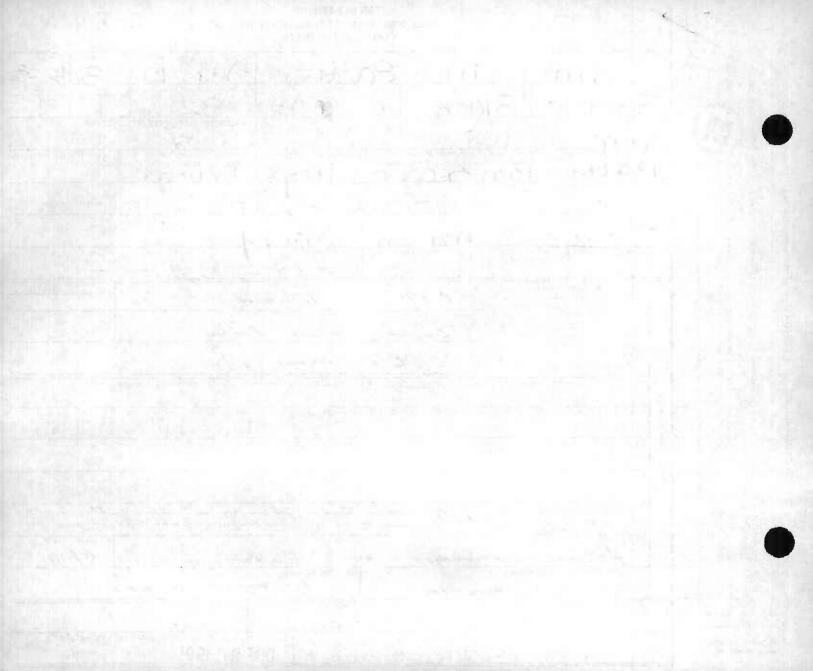
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR SIGNATURE

Chances

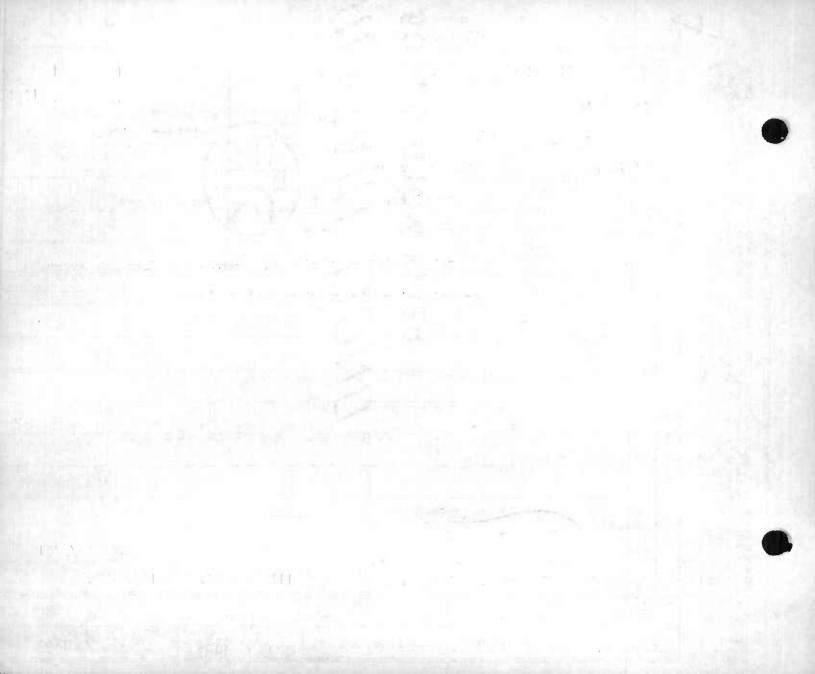
20 1981



4	1.	FOR STATE REGISTRAR	DEI	ARTMENT OF	E OF MARTLAND  HEALTH AND MENTAL  FICATE OF DEATH	HYGIENE TO 1	25833
, the period of		CEASED NAME FIRST	DILE M.	F	DGETT	2a. DATE OF DEATH	MONTH DAY YEAR 25 HOUR 5
An Alexander	3. SE		4 RACE		OF BIRTH	6. AGE (IN YEARS LAST B	IRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
900	4 0	Female	White	No	V. 8, 1898	82	YRS MONTHS DAYS MOURS MIN.
orth. P	1	RTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHAT COUR	MARRIE	D NEVER MARRIED	≥	OR COUNTY OF DEATH
the fundaminished of		Maryland ITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, N	URSING HOME		Baltimo	TION 126 KIND OF BUSINESS OR
		Baltimore	Keswick F	ome		Teache	or working life) Industry Education
hou hou	130 5	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUR	NTY 13c CITY OF		13d INSIDE CITY LIMITS	5? 13e. STREET ADDRESS	University Pkwy.
ed within 24 mpletely filled ond 2 should	14. FA	THER'S NAME FIRST	MIDDLE LA	1	15 MOTHER'S MAIDEN		1461
ompl ompl		Eugene		Edgett	Mai		Maloy
ond c		VAS DECEASED EVER IN U.S. AR	E WAR OR DATES)	SECURITY NO.	17 INFORMANT	ADDI	
e be		No.		10 4928	Mrs. Au	drey Edgett	Glyndon, Md.
th certificate be executed and conditions on the carbon oppers. Pages I carbon oppers. Pages I car removal		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE 44)	D BY:  TE CAUSE (o)  DUE TO, OR AS A CON	12880	duy de	y to dien	Angury APPROXIMATE INTERVAL August - 3 mg
PRESTON ST the deoth cert emove carbon motion, or re-		Conditions, if ony, which gove rise to immediate	(b)				
that the the eose renewal, crem	Lis.	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CON	SEOUENCE OF			
es the	NO	PART 2 OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE OR COL	NDITION GIVEN IN PART 110
AL KECOKDS, in he low required in he low required in hes been significant. Then hene prior to be lows any injury.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20€ AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \cap \) NO \( \cap \)
NG PHYSICIAN: The ottending physicion that this certificate his os the buriol-transit pth and Membel Hygien orked or Item 18 show orked or Item 18 show		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART 1 OR PART 2)
offending offending offen this of the bund Mr and M	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR T	OWN COUNTY STATE
ATTENDIN spital or CTOR: Al for use of Healt		22a.1 certify that (1) (4hrs hospi	tol) ottended the deceased to 3 to 1 view the body ofter death.	6 1	nd that in (my) ( ) opin	6 to 10 ion death occurred on the c	, that (I) live) lost date and hour and from the causes stated
AL OR A the host AL DIRE detoched ote Dept		a Neurha	lelson for	2	DEGREE ATTENDIN PHYSICIAL	G MEDICAL STA	226 DATE SIGNED  AFF CIAN (0 31-8)
O HOSPITA etained by TO EUNERAL should be de with the Storial		E. Hunter	Wilson M	D.	22e ADDRESS Keswick	Home, Bal	
2 7 BP 4	23¢ B	urial, cremation, removal Burial	23b. DATE 11/3/81		EMETERY OR CREMATO		COUNTY STATE
DHMH - 16 50M 1/81 (VRA 15, 4)		neral director Henr 905 York Road	y W. Jenkins Balto., N	& Sor	S Co.		REGISTRAS SIGNATURE

alir or i roifetual BY The publication with the control of the rivi iav Sept a 101 - N-17N 214 40 4820 Nrs. Audrew Edgett, Glynion, Not. Markick Home, Esto., NJ. 1 in all the series to . W the series Do. Stora Congress and Storage Storage

	t.	k	FOR		ı	DEPARTME		MARYLAND TH AND MENTA	L HYGIENE		2 5	8 3	6.4
	1	1	- STATE REGISTRAR		MEI	DICAL EX	AMINER'S	CERTIFICATE	OF DEAT	H REG. 1	NO.		
			DECEASED NAME	FIRST		MIDDLE		LAST	2a.	DATE KNOWN	HTMOM	DAY YEAR	7b. HOUR
	HANNE		TYPE OR PRINT)	(Linds	lav)	D.	4 100	Edwards		OF ESTI-	01	5 1981	
	<b>新月度 西安</b> 》	_	EX 4 RA		5. DATE OF BIRTH		GE (IN YEARS   IF		DER 24 HRS. 2c.		HTMOM	DAY YEAR	2d. HOUR
	7期程				MONTH DAY		AST BIRTHDAY) MC	INTHS DAYS HOURS		ONOUNCED	1.0	F 01	11:17
	33056		Male BI BIRTHPLACE (STATE O	ack	7b. CITIZEN OF WE		2 10		0	BALTIMORE CITY	OPCOLINIT	5 1981 V OF DEATH	ам
	品製品を表と	3	FOREIGN COUNTRY)			on coording.	MA	RRIED NEVER MA	RRIED	Baltimore	_		
	A5.003	110	CITY OR TOWN OF D		USA	DITAL AUTODIA		THER INSTITUTION	RCED		,		MD.
	F ANY DELAY IS N AND 3 TO THE FU SHOULD BE FIED.	0	Baltimore		505 Nor	mandy A	ADDRESS)	THEK INSTITUTION	FOR MOS	LOCCUPATION (T ST OF WORKING LIFE)	YPE OF WORK	OR INDUST	RY
21201	ANY DEL AND 3 TO RETAIN HOULD BE RECORDS		UAL RESIDENCE (IF IN: STATE Md	136 COUNT		13c. CITY OR Baltin	TOWN	13d. INSIDE CITY LIMITS		Normandy	Ave		
9		14.	FATHER'S NAME			1=0=0=		15. MOTHER'S MA		Normandy	Ave		
2	PASSES OF THE PA	20	Jackson		MIDDLE	Edward	le	UNkn		MIDDLE		LAST	
S. S.	AAAA -	160	WAS DECEASED EVE	R IN U.S. ARM	ED FORCES?		SECURITY NO.	17. INFORMANT		ADDRE:	SS		
BALTIMORE	SURS AFTER DEATH 18. GIVE PAGES 18. WITH FORM PINT 17. PAGES 1 AND 18. PAGES 1	L	(YES, NO, OR UNKNOWN)	(IF YES, GIVE W		213-07		Elsie H	I. Edwar	ds 505 N		y Avenu	e
17	WIT. P		18 CAUSE OF DE	ATH (Enter only	one couse per line	for (a), (b), one	d (c).)	111 342 53				APPROXIMATE BETWEEN ONSE	INTERVAL
N	24 HO ITEM I LONG PERM GIENE		PARTIDEATH	WAS CAUSED IMMEDIATE	CAUSE (a) Ar	teriosc	elerotic	cardiovas	cular d	lisease	SILVE		
PRESTON	A ALC A IT P	-11	14293	)	DUE TO, OR	AS A CONSEG	UENCE OF	C MINN					- 1
A	AL H		Conditions, if		(b)								
×	SA PENSON		cause (a) stati	ng the under-	< '	AS A CONSEQ	UENCE OF	74.0 1100			III I tok (		
201	N A A A A		lying couse la	<u>s1.</u>	(c)								
RECORDS.	E SHOULD BE EXECUTED WITHIN 24 HOUNDSD. "PENDING" IN PENCIL IN ITEM IS E CHIEF MEDICAL EXAMINER ALONG YEB USED AS A BURIAL TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, BURIAL, CREMATION, OR REMOVAL.		PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO		UT NOT RELATED T	D THE TERMINAL OIS	EASE OR CONDITION GIVEN IN	PART 1 10 /				
8	AS A CREATH	Z											
	JEN SE	S S S S S S S S S S S S S S S S S S S	190. DATE OF OPE	RATION	19b. CONDIT	ION FOR WHI	CH OPERATION	WAS PERFORMED?				20 AUTOPSYS	,
¥	古る主記を	× 1										YES 🗆	NO X
, F	WC W		210. EXTERNAL CA	USEWAS	21b. TIME OF		210	HOW INJURY OCCUP	RRED (ENTERNAT	URE OF INJURY IN ITEM 1	IS PART 1 OR PAR		110 12
DIVISION OF VITAL	A H L S A S A S A S A S A S A S A S A S A S			OR CALISE OF DE		MONTH DA	Y YEAR						
ISIO	CERTING JED TO 3 SHO DEPAI	) INDICAM	21d. INJURY OCCU		21e PLACE C	OF INJURY (A)		LOCATION	-				
DIV.	RE THIS CERTIFICATE SHA NTE, WRITING THE WORN PRWARDED TO THE CH RE PAGE 3 SHOULD BE U E STATE DEPARTMENT O D, 21201 PRIOR TO BUR	1 2		T WHILE	STREET, FACT	DRY, FARM, ETC.)		STREET	C	ITY OR TOWN	COUP	NTY	STATE
	RE THE SE PARK		22a. I certify the	The state of	I the remains des	- Carabahana In	ald Au	apsy , Inspec	tion K.				
	A S S S S S S S S S S S S S S S S S S S				couses XX	a dbove, n	1 1		1		ond in my opii	nion	
	REC REC		deoth resulted fro	Goraro	Courses LZX/S	75	Surfide L	Homicide	J. Undeterm	nined manner			
	X 9522 X		ACTUAL	1/1	mark	Dru	M	TITLE (SPECIFY)	ief		DATE	10/5/8	
	SER SER		SIGNATURE	1	1.000	110	- 1	MID	MEDICA	AL EXAMINER	SIGNED		
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	4	EXAMINER'S NAM (TYPE OR PRINT)	E The	omas D. S	Mith, N	1. D.	_ADDRESS	Penn S	St. Bal	to., M	D.	
	522 5 E B	230	BURIAL, CREMATION					OR CREMATORY	23d. LOCA	ATION e Arunde]	COUNT	TY ST	ATF
203	7BP		Burial	1	.0/9/81	Mt C	alvary	Cemetery	Ann			Co Mo	1
0	DHMH - 17		FUNERAL DIRECTOR		ADDORCC				TE REC'D. BY RE	GISTRAR 256. REC	GISTRAR'S SH	GNATURE	
	(VR A15 ME (5))	W	illiam C.	March F	/H 1101	E. Nort	hAven	ne nr.	T 7 10	181 France	es Jan	Marthe	U
	15M 2/80	-											



poge 3 ter death

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTI	FICATE OF DEATH		REG. N	0				
	CEASED NAME	FIRST		WIDDLE		LAST	20 DATE OF		MONTH	DAY	YEAR	26 HOUR	
-3		EDWAF	RD J	OHN		EFKO	ME W		10	31	81	9:08A N	
3 SE	x	2	4 RACE	11-7-44	5. DATE	OF BIRTH	6 AGE INYE	ARS LAST BIR	THDAY)	IF UN	DER I YEAR	IF UNDER 24 HRS	
	Male		White			1 5 24	56		YRS		IS DATS	HOURS MIN.	
70. B	RTHPLACE (STATE OR	FOREIGN	16 CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIMOR	E CITY O	R COUN	ITY OF	HTASC		
1	ennsylvan:	ia	U.	S.A.	WIDOW		Ва	1tim	ore	City	7	MD.	
10 C	ITY OR TOWN OF DE	ATH	11. NAME OF I	HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	12a USUAL O		ION DE WORKING		NOUSTRY	OF BUSINESS OR	
	altimore		St.	Agnes Ho	spita	1	Denta			J LIFE)	4DOSTKT		
USU 130.	AL RESIDENCE (# NURS	NI COUN	OTHER INSTITUTION.	GIVE RESIDENCE BEFOR		138 INSIDE CITY LIMITS?	13e STREET A	DDRESS					
Ma	ryland		imore	Woodla		YES NO X	5905		1 Av	enue	21:	207	
14 F/	ATHER'S NAME		MIDDLE	LAST	200	15 MOTHER'S MAIDEN NA	ME	MIDDLE					
	Peter		M.	Efk	.0	Mary		MIDDLE			Kra	wczyk	
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT		ADDRE	SS				
	YES	WW		219-12-	7882	Jean M. Efko	5905	Cec	il A	venu	e 23	1207	
	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).									T	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IN Acute myocardial infarction										immediate		
	11.0												
	Conditions, if ony, which (b) Hypertensive and arteriosclerotic												
	gove rise to immediate												
	couse (a), status underlying couse			R AS A CONSEOU		diasas					11	yrs+	
	DADI 2 OTHER SIGN	HEIC ANIT C				ar disease	him bics ics	00.50.4					
NO	PART 2 OTHER SIGN	VIFICANI C	ONDITIONS <u>CC</u>	DVIKIBOLING 10	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	OR CON	DITION	SIVENIN	I PART 10	3.	
ATIC	19a DATE OF OPERA	TION	19h COND	ITION FOR WHICH	OPERATIO	IN WAS PERFORMED	120g AUTOF	PSY?	1206 IF	YES WE	RE FINDIN	NGS USED	
CERTIFICAT									IN CER	TIFYING	CAUSES	OF DEATH?	
ERT	21n. ACCIDENT WAS UNI	DERLYING [	21b. TIME O	F IN JURY		21c. HOW INJURY OCCURE		NO X	Dv 15. 175 as 1	YES	20.04.01.21	NO []	
	OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.	M. MONTH D		The state of the s	(ENIER NAIL	JAC OF INJUR	I PRIIEM	O PARIL	ALL CARLS		
MEDICAL	(IF EITHER NOTIFY MEDI 21d INJURY OCCUR		P.		19	211. LOCATION							
ME				PEET, FACTORY, OFFICE	FARM, ETC )	STREET		CITY OR TO	WN	- 0	OUNTY	STATE	
	AT WORK AT WO	RK			E /0	/70	10	/31/	27				
	22a. I certify that (1) sow the decease					70	, ,			. 19		that (I) (we) lost	
	obove, (I) (we) (	did) (did nat	view the bady	alter death.	. 0	nd that in (my) (our) opinion (	deoth occurred	on the do	ate and h				
	226. SIGNATURE		00	7 1	1.0	DEGREE	MEDICAL	STAF			22c. DATE		
	(Min		316	wah	Ky T	PHYSICIAN X	MEDICAL DIRECTOR				10/3	31/81	
	22d PHYSICIAN'S NA	AME (TYPE OR	PRINT)			22e ADDRESS							
	Thomas E.	Roach	n M.D.			5550 Baltim	ore Nat	iona	1 Pi	ke			
	SURIAL, CREMATION,	REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR CREMATORY	23d. LOCAT	ION			INITA	67.75	
	Buria		11/3/8	1 G	len H	aven Cemetery	Glen	Bur	nie	A.A	Go	Md STATE	
24 FI	JNERAL DIRECTOR			Balto.			E REC'D. BY RE	GISTRAR	25b-R#G	ISTRAR	SEMAT	up lander	
Hul	bard Fune	ral Ho	ome, Inc	. 4107 W	Vilker	s Ave.	av 2	1981	CRA	aces	0		

DHMH - 16 50M 1/B (VRA 15, 4)

BP.

122 programme following the state of the following the fol Total Canada Street Total Cours ... along the tested 27 total and rounted to the contract the man and the man that we part have the ret vannes or the first in the land of the land

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.  20. DATE OF DEATH MONTH	DAY	YEAR	26 HOL	DXU
10 3	0 8	9/	13:	50
6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR
52 YRS	MONTHS	DAYS	HOURS	MIN
9 BALTIMORE CITY OF COUNT	V OF DE	ATH		

4 RACE 7a BIRTHPLACE I STATE OR FOREIGN

Myron

76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED

DIVORCED

MIDDLE

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

30. STATE

FOR

3. SEX

CERTIFICATION

MEDICAL

à

8

STATE

REGISTRAR DECEASED NAME DR.

GIVE RESIDENCE BEFORE ADMISSIONI

WIDOWED

15. MOTHER'S MAIDEN NAME

LEATHER'S NAME

CEASED EVER IN U.S. ARMED FORCES?

IAL SECURITY NO.

17 INFORMANT

13d. INSIDE RITY LIMITS?

XXX LANGNER

18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY etusta IMMEDIATE CAUSE (0)

MIDDLE

ARMY

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

AT HOME STREET FACTORY, OFFICE, FARM, ETC )

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

none 190 DATE OF OPERATION Aug, Scot

Conditions, if any, which gove rise to immediate couse (a), stating the

underlying cause last.

21e PLACE OF INJURY

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? NOF

, and that in (my) (aur) apinian death occurred on the date and hour and from the couses stated

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [

IDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21f LOCATION

22e ADDRESS

COUNTY STATE

220.1 certify that (1) this hospital) oftended the deceased from OCT saw the deceased give on OCT OO above, (1) (wey(did)) did not view the body ofter death SIGNATU

NOT WHILE

DEGREE m.D.

81

ATTENDING PHYSICIAN \_

MEDICAL DIRECTOR PHYSICIAN

CITY OR TOWN

22c. DATE SIGNED

23c. NAME OF CEMETERY OR CREMATORY MOUNT OF OLIVES

JERUSALEM, ISRAEL

STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

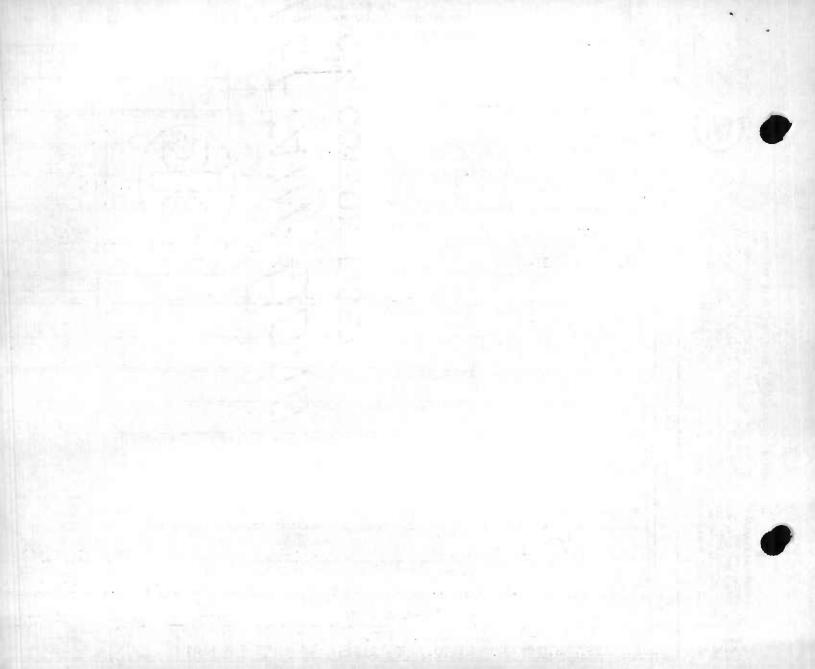
24 FUNERAL SOLTOBEVINSON & BROS 6010 REISTERSTOWN RD. BALTIMORE, MD. (21215)

23 BURIAL CREMATION, REMOVAL BURIAL

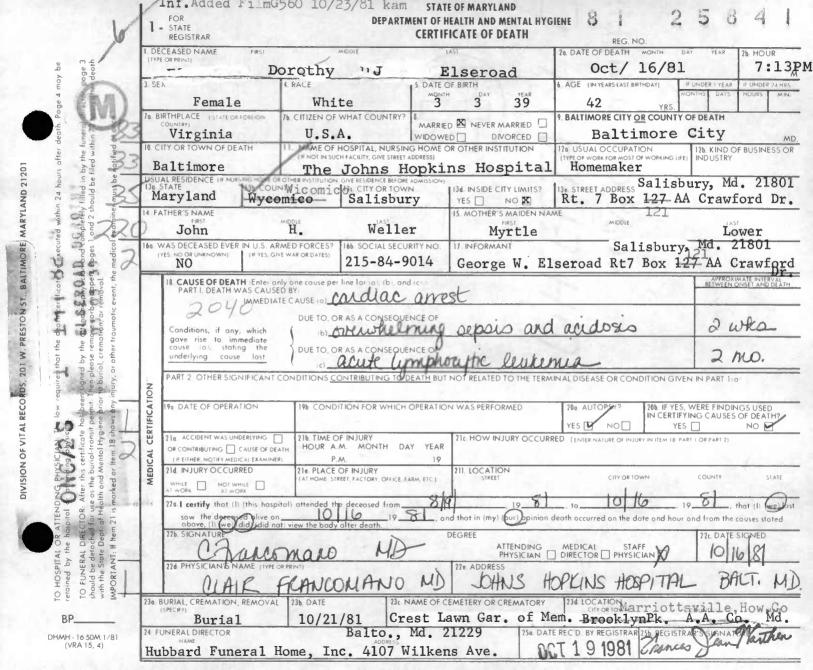
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			FOR STATE		D			MARYLAND I AND MENTAL I	YGIENS I	2 5	3	3 8
	1		REGISTRAR		WED		NER'S	CERTIFICATE	OF DEATH RE	G. NO.		
	Wallia W.		CEASED NAME (E OR PRINT)	FIRST		WIDDIE	E	ELLERIN	20. DATE KNOW OF 1 ESTI DEATH MATE		0	81 25 HOUR
	REASE RECTOR. R FILES. HOURS STREET,	3. SE	( 4. RA	<u>Nels</u>	5 DATE OF BIRTH	6. AGE (IN )	EARS IF UI	Elerin NDER 1 YR. IF UNDER		нтиом		EAR 2d. HOUR
	P. P. P. ST. ST. ST. ST. ST.	L.	male	white	MONTH DAY	1910 71	MON (YAC		MIN PRONOUNCED DEAD	10	9 19	81 8:34
	経動調と	B FC	RTHPLACE (STATE OR		76. CITIZEN OF WH	AT COUNTRY?	8. MARR	IED NEVER MARR	ED XX 9. BALTIMORE	ITY OR COUN	TY OF DEAT	н
	2000年		MARYLAND		USA		WIDOV	VED DIVORC	Balt	imore C		MD.
	DELAY IS 3 TO THE IN PAGE 105. 20	V	altimore	ATH	(IF NOT IN SUCH FAC	PITAL, NURSING HOM LILITY, GIVE STREET ADDRESS Franklin	Stre		120. USUAL OCCUPATION FOR MOST OF WORKING LIF SALESMAN	E)	OR IND	
5	A ORDAN		AL RESIDENCE (IF IN N	URSING HOME O				134 INSIDE CITY LIMITS?	13e STREET ADDRESS	APT.		
212	F ANY DELA 2. AND 3 TO 3. RETAIN P. SHOULD BE NURECORUS.	MA	RYLAND	130 00014		BALTIMORE	63	YEXXX NO [	124 W. FRAN	KLIN ST	. #2	1201
MD.	HI'NGE	14. F	ATHER'S NAME		WIDDLE	last		15. MOTHER'S MAID	EN NAME MIDDLE		LAST	
ORE,	OF PRES		SAMUEL	11-1		ELLERIN		ANNA			DellAA	
ALTIMO	AFTER H FOR H FOR ISION	16a. V	VAS DECEASED EVE ES, NO, OR UNKNOWN) YES	(IF YES, GIVE V	AED FORCES? WAR OR DATES) -ARMY	16b. SOCIAL SECURI	TY NO.	FARM RD.	CHARLES ELLEN COLUMBIA, M		13 HAR 44	PERS
RDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF EXECUTE THE CERTIFICATE, WRITING THE WORD."PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3 TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURRAL. ITRANSIT PERMIT. PAGES PAND 2 AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL BALTMORE, MARYLAND, 21201 PRIOR TO BURRAL, CREMATION, OR REMOVAL.		Conditions, if gove rise to couse (a) storic lying couse los	ony, which immediate g the under-	(b) DUE TO, OR A	terioscler AS A CONSEQUENCE AS A CONSEQUENCE	OF OF	cardiovasc	ular disease		BETWEEN	DNSET AND DEATH
AL RECO	OULD BE O "PEND IEF MED SED AS, F HEALTI	CERTIFICATION	190. DATE OF OPER	ATION	196. CONDIT	ION FOR WHICH OPE	RATION V	VAS PERFORMED?			20 AUTO	PSY?
DIVISION OF VITAL RECORDS,	FICATE SHOWED THE WORLD OULD BE UNITED FOR STANDING STORY		210 EXTERNAL CAU		216 TIME OF HOUR A.M. DEATH P.M.	INJURY MONTH DAY YEA		OW INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN I	TEM 18 PART 1 OR PA	YES (	□ NO XX
DIVISIO	WRITING WRITING VARDED 1 VAGE 3 SH FATE DEPA	MEDICAL	21d INJURY OCCUP WHILE NO AT WORK AT V	RRED	21e. PLACE O			OCATION STREET	CITY OR TOWN	cc	DUNTY	STATE
•	MEDICAL EXAMINER: 1 CUTE THE CERTIFICATE, 3E 4 SHOULD BE FORW FUNERAL DIRECTOR: 8 TER DEATH, WITH THE STITIMORE, MARYLAND; 3	-	death resulted fro	K	Touses XX	W	Autop uicideA	Homicide TITLE (SPECIFY)	Undetermined monner  The MEDICAL EXAMINER  Penn Street	ond in my o	ED 10/	10/81 201
1195	85 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	23a.B	URIAL, CREMATION, SPECIFY) BURIAL			230. NAME OF CI ANSHE NI		DR CREMATORY	23d, LOCATION CITY OR TOWN ROSEDALE	COU	INTY	STATE MARYLAND
1100	DHMH - 17 (VR A15 ME (5))	24 F	UNERAL DIRECTOR NAME 6010 REIST		LEVINSON		NC. 2121			REGISTRAR'S	SIGNATURE	other



x (article) x " The special strains and the strain when the series will be all with the terms of the terms when F. white to their the transfer The start of the state, and as as course Description of the party of the Lower Land Designed of these will a child, 1722 - short year law, less, her weathing it is a business The property of the state of th



safety of Lattenation Living and Design to the Telegraphy of the second state of the second AND COME BOY STATE OF 
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4		
/	4	

FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	1	lin	2	(1)	Cong	
	REG. NO.					

1	REGISTRAR				CERTIF	ICATE OF DEA	TH	REG. NO	).				
	1. DECEASED NAME	FIRST	A	AIDDLE	1	AST			MONTH	DAY YEAR	2h HOUR		
	(TYPE OR PRINT)	Mary	1	ynn	Em	erson		0ct	ober	11,1981	12:25P		
ij	3 SEX	4.	RACE		5. DATE C			6 AGE (IN YEARS LAST BIR	HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS		
	Female		White		Augu	st 12, 1	935	46	YRS	MONTHS DAYS	HOURS MIN.		
	To. BIRTHPLACE (STATE O	R FOREIGN 76.		WHAT COUNT	DV2 8	NEVER MAR		9 BALTIMORE CITY O		Y OF DEATH			
7	Washington	n. D.C.	U.S.	Α.	WIDOWE			Baltimore	City	/	MD		
0	10 CITY OR TOWN OF DE		. NAME OF H		RSING HOME C	R OTHER INSTITU	TION	120 USUAL OCCUPATI			F BUSINESS OR		
5	Baltimore	A			ral Hos	pital		Home Maker	- WORKING (I	(FE) INDUSTRY	Ноте		
-	USUAL RESIDENCE (IF NO	R: ME OR OT	HER INSTITUTION		EFORE ADMISSION)					OWII	Home		
>	Maryland	Baltin		Towso		13d INSIDE CITY	D <b>X</b>	13e STREET ADDRESS	Fair	way Dri	77.0		
	14 FATHER'S NAME			10,00	**	15. MOTHER'S M	AIDEN NAM	ΛE	rall				
7	Karl	H.	DOLE	last Jennige		FIRS		MIDDLE	CL	IAS	ţ		
	160 WAS DECEASED EVE		Lynina D. Shea						leads				
2	(YES, NO OR UNKNOWN)	(YES, NO OR UNKNOWN) (1F YES, GIVE WAR OR DATES)			-5156	Tames D	Emor	eson Como	o	2			
		TH. C		213-38-5156   James D. Emer				cson Same	as #I		MATE INTERVAL		
	PART I. DEATH	PART I. DEATH WAS CAUSED BY:  Sepsis, probably staphylococcal											
	7850	28 Sq IMMEDIATE CAUSE (o) Sepsis, probably staphylococcal days											
	200	Conditions, if ony, which ( (b) Chronic Renal Failure											
	gove rise to in	gove rise to immediate )								days			
		couse (a), stating the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF											
	(c) Anemia/Mainutrition												
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  Mucopolysacharidosis IV											
-	Mucopol 19a DATE OF OPER. 21a. ACCIDENT WAS U			ITION FOR WHICH OPERATION WAS PERFORMED				20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED					
3	SE LINE DATE OF OVER		170 COND	HOTTOK WIT	TICTI OF EKATIO	TO THE OWN		IN CERTIFYING CAUSES OF			OF DEATH?		
-	21g. ACCIDENT WAS U	NDERLYING []	21b. TIME O	F IN ILIPY		21, HOW IN ILI	V OCCUPP	YES NOX	NO 🗌				
1	On CONTRACTOR		1.00.00		DAY YEAR	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJ			THATIEM TO	PART TORPART 2)			
	(IF EITHER NOTIFY MEI 21d, INJURY OCCU		P./		211 LOCATION				Circles Section - Sec				
i	WHILE IN NOT W		21e PLACE (	EET, FACTORY, OFF	STREET	211 LOCATION STREET CITY OF			TOWN COUNTY STATE				
		AT WORK AT WORK											
	220.1 certify that (	l) (this hospital	ottended the	deceased fro	9 81 or	data XX	19_01	October		,	tho (we) lost		
1		(did XXXXX)	New the body	e body ofter death.			r) opinion c	eoin occurred on the do	te ond not				
	275 SIGNATURE	(2)	1	Ahro	1	DEGREE	NDING	MEDICAL STAF	E	22c. DATE			
	Ma	ton 5	Len	X INT	)	PHY	SICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN		10/1	11/81		
	714 PHY SICILARS MAME THE OWNER OF THE OWNER OWNER OF THE OWNER OWN												
	Joseph	Gent, M	1.D.	. V. B.	NOS I	c/o Mar	yland	General Ho	spita	al			
	23a. BURIAL, CREMATION		23b. DATE		23c. NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION		COUNTY	STATE		
	Cremation		Oct. 12	2,1981	Loudon	Park Cr	ema to	y Baltimo	re	Maryl			

DHMH - 16 50M 1/81 (VRA 15, 4)

Oct. 12,1981

Baltimore

Maryland

74 FUNERAL DIRECTOR 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Md. 21204

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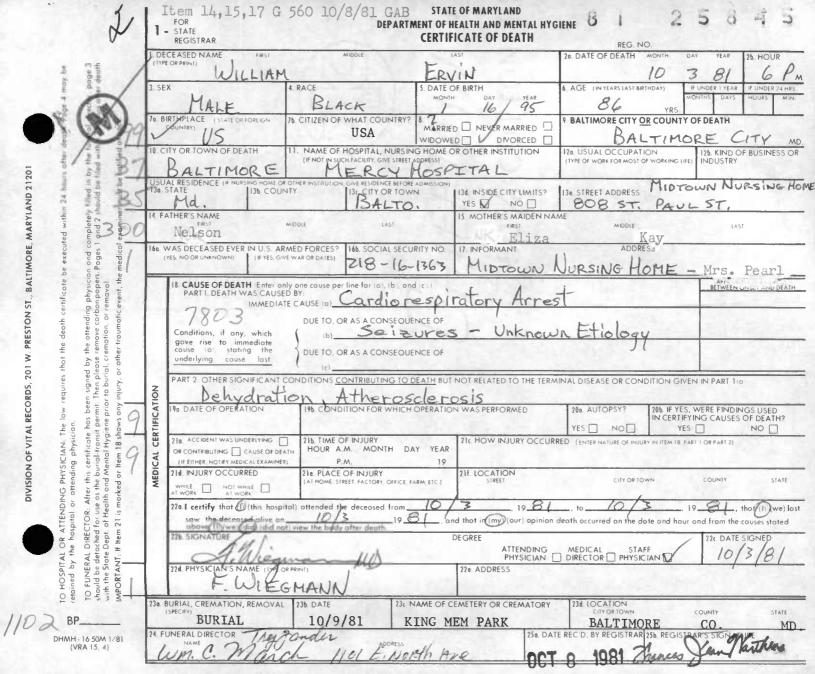
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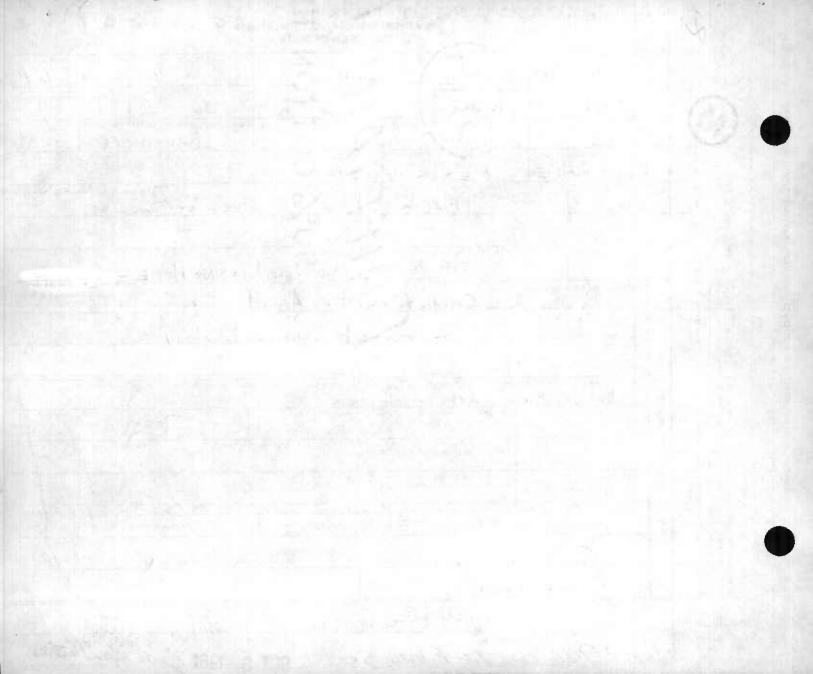
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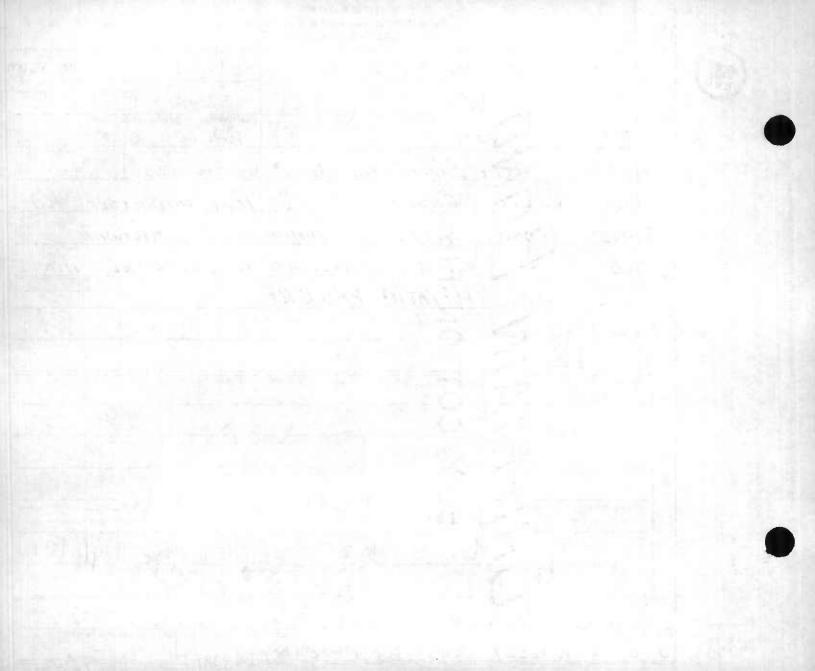
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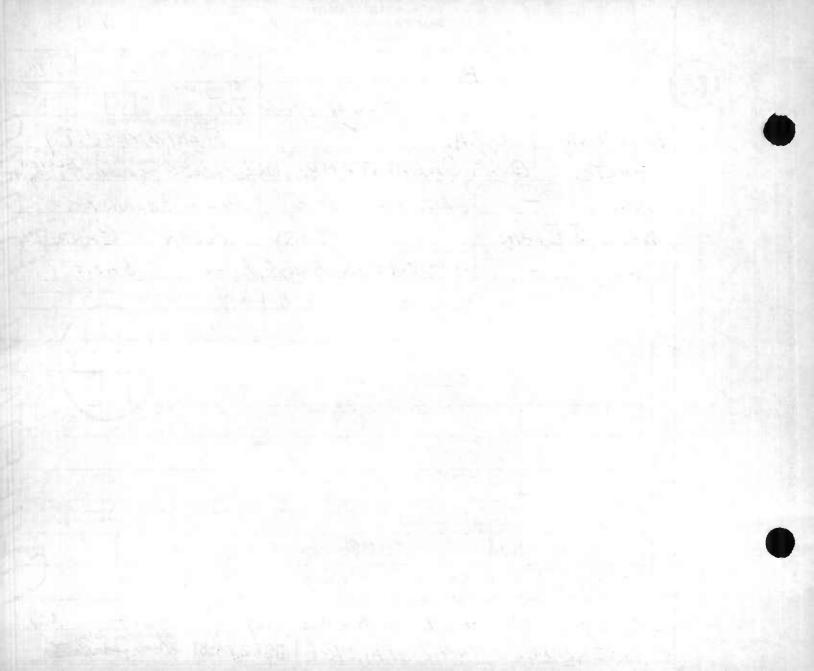
11, 1s.1. TOBET (IEE) Partitions 2120 Loch Payer Boyleye Baltimore notice Associated Association Fre Brick The of arre was. Winnie H. Erner C and the state of the state of the state of Dr. John Pussell Davis, M.D. Medical Arts Building, Balto., Md. Ellingra, waylan STATE BUILDING Hinny W. Jensins & Bons Co. LARCE YOUR Found Entho., Jud. 121212





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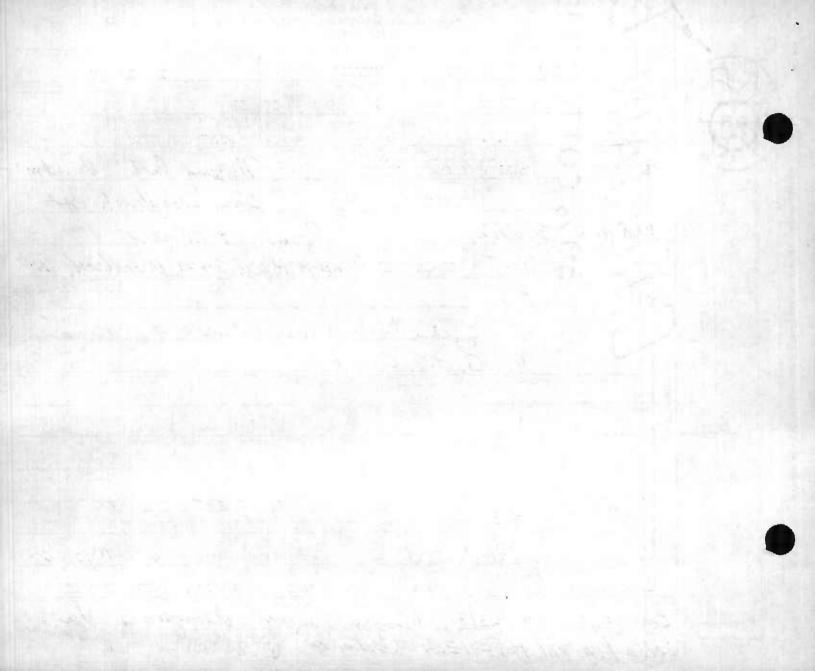




		FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA	N HYCHENE 8 1 2 5 8 4 9
	1-	STATE REGISTRAR	CERTIFICATE OF DEATH	
		CEASED NAME FIRST	ÄIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
noy be poge 3 or death	1	ANITA	M FAhey	10/23/81 9A
frer of	3. SE	-	4 RACE CAU . S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR  MONTHS DAYS HOURS MIN
60	/	-cma/2	[BUCHS. AN 2/07/0	3 78 yrs.
4 H		COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED ANEVER MARRIE	9. BALTIMORE CITY OR COUNTY OF DEATH
O o	110.6	TY OR TOWN OF DEATH	U1 > H   WIDOWED   DIVORCE	land
by the filled will		BALTIMORE	ST.AGNES HOSPITAL	178. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  HOUSE WIE
hou hou		AL RESIDENCE (IF NURSING HOME OR	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  NTY	
in 24 should should	m.		TIMORE PER NO	
mpletely ond 2 sh	14 FA	ATHER'S NAME FIRST	MIDDLE LAST UNFRYC	
Poges 1 g		VAS DECEASED EVER IN U.S. ARI YES, NO QRUNKNOWN) (1F YES, GIV	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	FAHen BIRESSRITTENS LA
quires that the deoi signed by the otter hen pleose remove in to burial, cremation, ijury, or other froum	NO	gave rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	SE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
y in T	CATIC	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED
ne low r	1 =			YES NO YES NO NO
tN: The khysicion. icote hos ronsit per Hygiene 118 shows	CAL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR	_ \
HYSICIAN: The knding physicion.  nis certificate has buriol-transit per buriol-transit per Mental Hygiene or them 18 shaws	MEDICAL CERTIF		HOUR A.M. MONTH DAY YEAR	YES NO YES NO
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TITAL OR ATTENDING PHYSICIAN: The k by the haspitol or ottending physicion. ERAL DIRECTOR: After this certificate has e detached for use as the buriol-transit per Stote Dept. of Health and Mentol Hygiene ANT: If them 21 is marked or them 18 shows.	WEDICAL WEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF ETHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AF WORK  270. I certify that (I) (this haspi sow the decourted allower obove, (I) (we date) did no 27b. SIGNATURE	HOUR A.M. MONTH DAY YEAR P.M. 19  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET  (tol) attended the deceased from	YES NO YES NO DOCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)  CITY OR TOWN COUNTY STATE  OPINION death occurred an the date and haur and fram the couses stated  DING MEDICAL STAFF CIAN DIRECTOR PHYSICIAN 70/23/8/

The Property of the Contract o

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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-		REGISTRAR			CERTIF	ICATE OF DE	HTA		REG. N	0.			
		CEASED NAME FIRST		MIDDLE	L	AST		2a. DATE	OF DEATH		DAY	YEAR	26 HOURNOO
	[TYPE	GERTR'	UDE	R.	FARI	MER		-		10	31	81	12:00 %
	3. SE	X	4 RACE		S. DATE C			6 AGE	IN YEARS LAST BIR	THDAY)	_	ERIVEAR	IF UNDER 24 HRS
		Female	White	9	7 MONTH	15	18		63	YRS.	MONTHS	DAYS	HOURS MIN.
1		IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	NEVER MA	ADDIED []	9 BALTIA	AORE CITY C	R COUNT	Y OF D	EATH	
2		Maryland	U.S.A	4.	WIDOWE		DRCED		Balti	more	Cit	y	MD
1	Ва	altimore	1061 I	Parksle	y Avenu	R OTHER INSTIT	NOITUT	12a. USUA (TYPE OF W Supe	ALOCCUPAT ORK FOR MOST O	ON DF WORKING	LIFE) 126	KIND O DUSTRM	F BUSINESS OR ontgomer
5	13a. S Ma	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION NTY	Baltime	OWN	13d. INSIDE CIT YES 🌋 I	Y LIMITS?		T ADDRESS 1 Park	s1ey	Ave	nue	21223
7	14 FA	ATHER'S NAME FIRST Harry	WIDDIE	LAST Has	nds	15 MOTHER'S	MAIDEN NA/ RST Nna	ME	WIDDIE	Y.		LAS	art
7	16a V	WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b SOCIALS		17 INFORMAN			ADDRE	SS		11	
	()	YES, NO NO INKNOWN) (IF YES, GIV	E WAR OR DATES)	216-07	-1629	George	F. Fa:	rmer	1061	Parks	sley	Ave	. 21223
	Z	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	(b)	R AS A CONSE	OUENCE OF	Seve:	O THE TERM	C C	ASE OR CON	DITION G	IVEN IN	PART Inc	
1	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WH	ICH OPERATION	N WAS PERFOR	MED	200 AU	TOPSY?	IN CERT	IFYING	E FINDIN CAUSES	IGS USED OF DEATH?
	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING CONCENTRIBUTING CAUSE OF DEA	HOUR A.	E OF INJURY A.M. MONTH DAY YEAR P.M. 19  E OF INJURY STREET STREET				RED (ENTER		RY IN ITEM 18		PART 2)	NO _
	>	WHILE NOT WHILE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)  STREET CITY OR TOWN  AT WORK											orane.
		22a.   certify that (1) (this hospital) attended the deceased from											hat (I) (we) last couses stated
1		122b. SIGNATURE	apria	DEGREE ATTENDING PHYSICIAN D			MEDICAL STAFF DIRECTOR PHYSICIAN   1-3					_ /	
		Nyan Vaywala, M.D. 226 ADDRESS 3455 Wilkens Avenue											
		BURIAL, CREMATION, REMOVAL SPECIFY)  Burial	23b. DATE 11/4/8			Park Ce			CATION 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	:e	COUN	ITY ]	MaryTand

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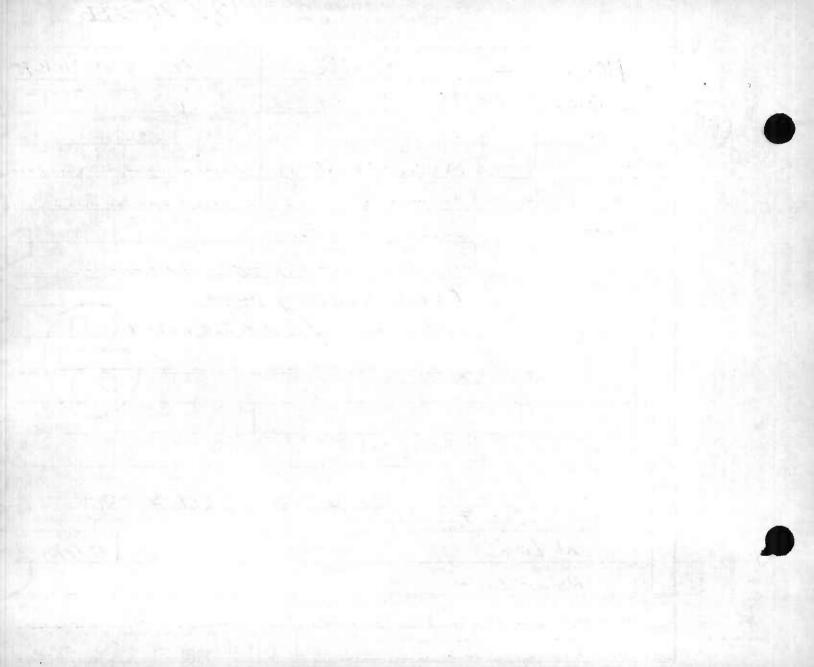
Palto, Md. 21229
Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

1981

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L	1	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 - 1	2	5 0	5 2
		CEASED NAME FIRST	Tomas	MIDDLE	L	AID DO	2a. DATE OF DEATH	MONTH DAY		26 HOUR
poge 3	3. SE	rach	Lane		5 DATE C	DE BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF	1981 UNDER I YEAR	11:15 PM
- Color		temale	M	ute	MONTH	2 21 YEAR	68	YRS.		HOURS MIN.
(M)	9	RTHPLACE (STATE OR FOREIGN COUNTRY) Wew York	7b. CITIZEN OF	A.	MARRIE		9. BALTIMORE CITYO	Bal	to.	MD.
1/5	R	ITY OR TOWN OF DEATH	CHOO IN SU	Sould	uta	A TOPP	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST OF Registered	on Eworking (ife) Nurse	12b. KIND O INDUSTRY Mary L	r business or and Stat
BS	13a.		Sunty. altimore	13c. CITY OR TOV Randal	e admissioni Ls town		13e. STREET ADDRESS 18 Cinnamo	n Circ	le Ap	t 1B
1030		Unknown	WIDDLE	Horlacher		15 MOTHER'S MAIDEN NA Zelia	MIDDLE		Unkr	iown
Foges Foges	16a \	VAS DECEASED EVER IN U.S.  (IF YES	ARMED FORCES?	123-20-3		Daniel Far	ADDRE Sell-7 Tentm		ne 212	08
n signed by the offend Then please remove co ir to burial, cremation, a injury, or other froumat	NOI	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN	(b)	DR AS A CONSEOU	Cinos ENCE OF		at with m			<b>3</b> 1
set has been set generally giene price shows ony	CERTIFICATION	19a. DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES	VERE FINDING CAUSES	OF DEATH?
buriol-tron	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM.)	F DEATH HOUR A	OF INJURY  A.M. MONTH D  P.M.  OF INJURY  TREET, FACTORY, OFFICE,	19	211. LOCATION STREET	RED (ENTER NATURE OF INJUR		1 OR PART 2]	STATE
for use os the of Health and	2	WHILE NOT WHILE AT WORK  220. I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did)	ospital) attended t	he deceosed from	Sep		to_ Oct.	7 . 19.		that (I) (we) lost
RAL DIRE detoched stote Dept. NT: If them		22b. SIGNATURE	Lwai			ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE	7/81
should be deto with the State IMPORTANT: II		228, PHYSICIAN'S NAME (TY	INT LU	١٨١	100	220 ADDRESS				
- 5 3 3		BURIAL, CREMATION, REMOV	Octob	er 9,1981	Loud	emetery or crematory on PArk	23d LOCATION CHYOR TOWN Baltimore	City	OUNTY MA	state muland
30M 2/80 15, 4)	24 F	UNERAL DIRECTOR Lorin	ig Byers	Funeraless	rect	25a. DA	TE REC'D. BY REGISTRAR		R'S SIGNAT	URE



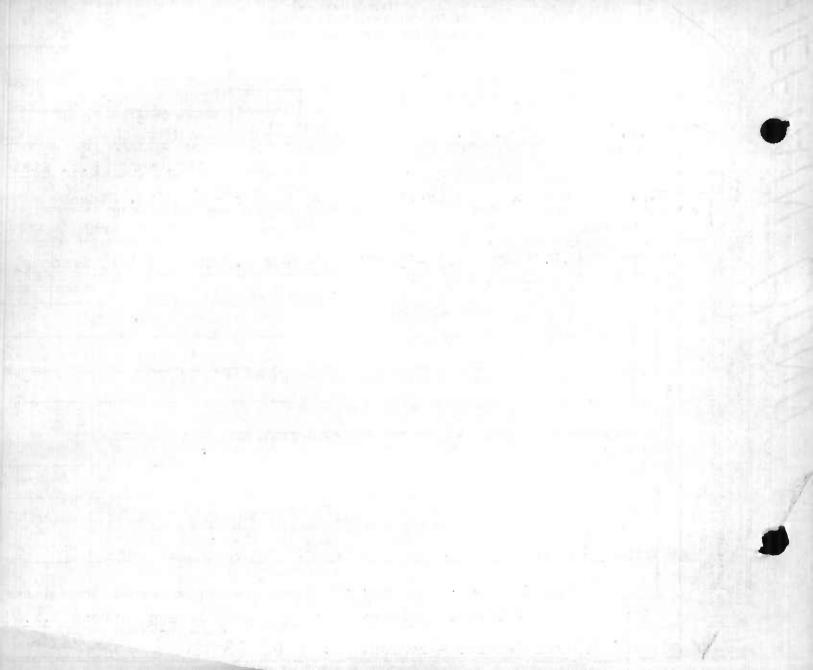
PRESTON ST

DIVISION OF VITAL RECORDS,

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. 3	1.	FOR  STATE  REGISTRAR		DEPARTM		EALTH AND MENTAL HYGI ICATE OF DEATH	REG. NO	2 5	5 5 4
		CEASED NAME FIRST	MID	DLE	· ·	AST		MONTH DAY YE.	AR 26 HOUR
be oge 3 death		STAN	LEY HE	enry	FA	IPEL		10-7-81	650 AM
ů i	SE	X	4 RACE		5 DATE C	P BIRTH	6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
96 (AA)		Male	Whi	te	6	-18-1897	84	YRS	ALD THOUSE MILE
2 1911	B C	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	HAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEAT	н
deot		Balto. Md.	u.s.	A.	WIDOWE		Balti	mone (itu	MD.
i 11 70/	10 C	ITY OR TOWN OF DEATH		SPITAL, NURSING		R OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O		ND OF BUSINESS OR
1201	11311	Baltimore AL RESIDENCE (IF NURSING HOME OF	Mona	tebello i	40spi	tal	Contracto		etined
BALTIMORE, MARYLAND 212D cote be executed within 24 hours system and completely filled in ppers. Pages and 2 should filled in val.	130 5	STATE 136 COUN	VTY 13	alto.	I	13d INSIDE CITY LIMITS? YES XX NO	13e STREET ADDRESS 4320 (La.	revau - 21	2/3
MARYL.  and within and within and 2 st	14. F/	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		LAST
m o o o	14	- 0	upel		36.5		ara Hubert		
MORE e execu			MED FORCES? 16	6. SOCIAL SECUR 219-14-1		Mary (. Faux	-/ //200 C	1	2/2/2
ALTIN Line of the or th	-					Mary (. Faupe	21 - 4320	lareway -	PROXIMATE INTERVAL
		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	D BY.	e far (a), (b), and	4 /	1 to	prot	BETV	PROXIMATE INTERVAL VEEN ONSET AND DEATH
W. PRESTON ST., or the death certification of the attending place is remove carbong cremation, or remainer traumatic even		IMMEDIAT	E CAUSE (0)	in was	repl	raidy o	2004		
ESTOI death ortend ove ca trian, o		7272	DUE TO, OR A	S A CONSEQUEN		To an as		Quan	
PRES ne de notio		Canditions, if any, which gave rise to immediate	(b)	Athero		mi Calde	200 Cecles	Boss	
		cause (a), stating the underlying cause last	DUE TO, OR A	S A CONSEQUEN	ICE OF	accidents an	e aspira	tion	
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ow req	CERTIFICATION	190. DATE OF OPERATION	196 CONDITIO	ON FOR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FI	NDINGS USED
AL RE on. he la an. has t perre pere pere pere pere pere pere p	TIFIC						YES NOT	IN CERTIFYING CAL	USES OF DEATH?
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N OF SECIAL IN OF SECIAL IN OF SECIAL IN OUT OF SEC	CAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)		MONTH DAT	19				
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3 0 6		220.1 certify that (I) (this haspi	tal) attended the d	eceased fram	7/3	3/8/ 1981	to 16-	7- 1981	, that (I) (we) last
OR ATTEN e hospital DIRECTOR isched far u Dept. of He	- 23	sow the deceased alive an above, (1) (we) (did) (did no	10-7	19.8	, on	d that in (my) (aur) apinian d	eath occurred on the do	ate and hour and from	
OR A Polike Ched Ched Ched Herr		226. SIGNATURE	0	1	(	DEGREE			DATE SIGNED
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DHMH - 16 60M 1/75 (VR A 15 (4))	24. FU	John C. Miller	Inc-6415			1/30 DAIE	REC'D. BY REGISTRAR	256 REGISTRAR 5 SIG	NATUR WITHER

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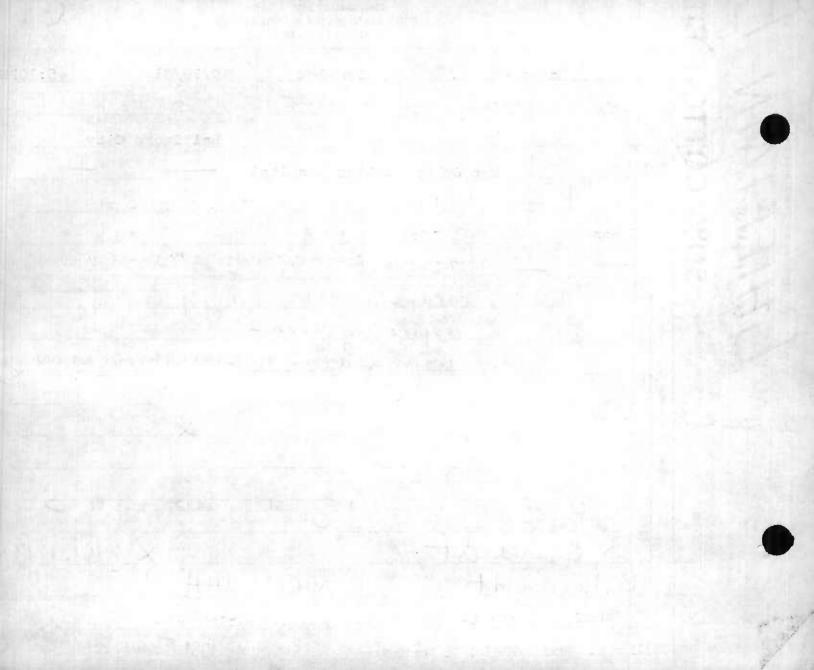


21215

6010 REISTERSTOWN RD. BALTO., MD

(VRA 15, 4)

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FOR

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. DECEASED NAME

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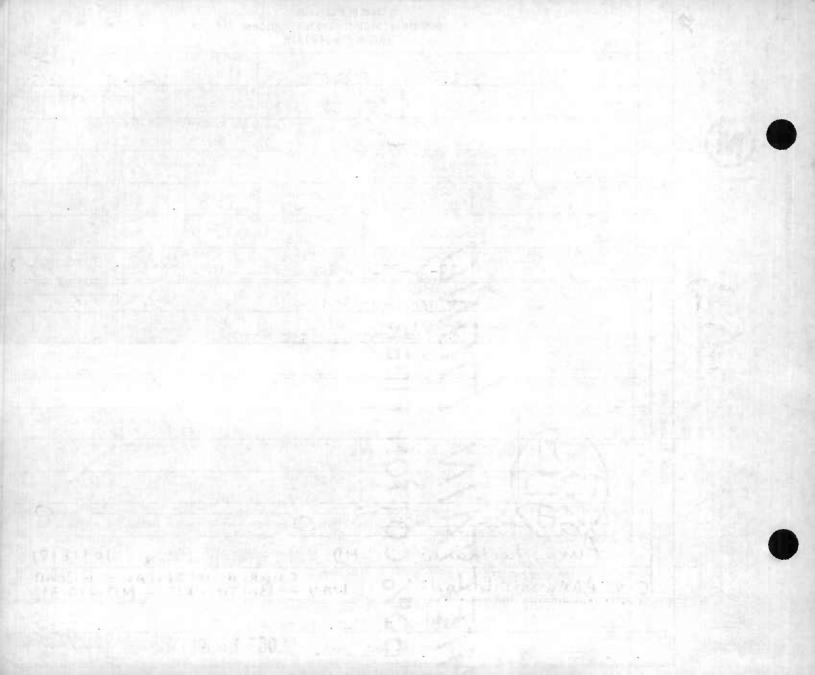
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIFNE CERTIFICATE OF DEATH REG. NO tAS1 20 DATE OF DEATH MONTH YEAR 10-16-81 AGE CIN YEARS LAST BIRTHDAY IF UNDER I YEAR 38 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) 130. STREET ADDRESS 1517 N. Spring St. Johnson Lee 217-38-7686 John & Rosa Lee Ferguson. Spring St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 200 AUTOPSY? 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN STATE (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 0 618 DIRECTOR PHYSICIAN HOSPITAL - BROAD BALTIMORE - MD 212 31 23d. LOCATION King Mem. Park Baltimore 1101 E. North Ave.

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

Wm. C. March F/H



OCT. 27, 1981 SHAAREI TORAH

BALTO., MD

SOL LEVINSON & BROS., INC.

6010 REISTERSTOWN RD.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 2g. DATE OF DEATH 2b. HOUR HOURS. 9. BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR HOME #21133 3708 COLLIER ROAD BERKOWITZ RANDALLSTOWN. MD

NO [

STATE

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ALLEGHENY STPA

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

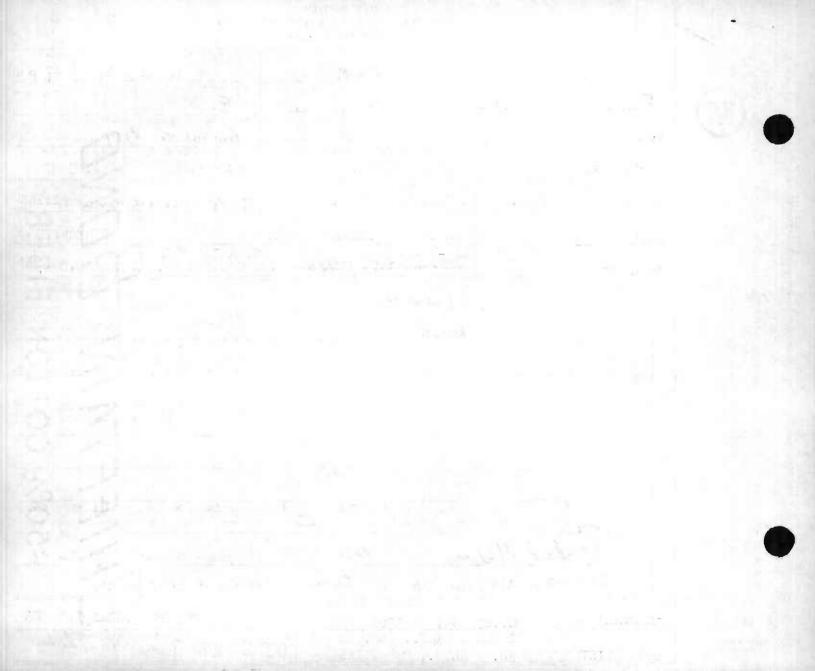
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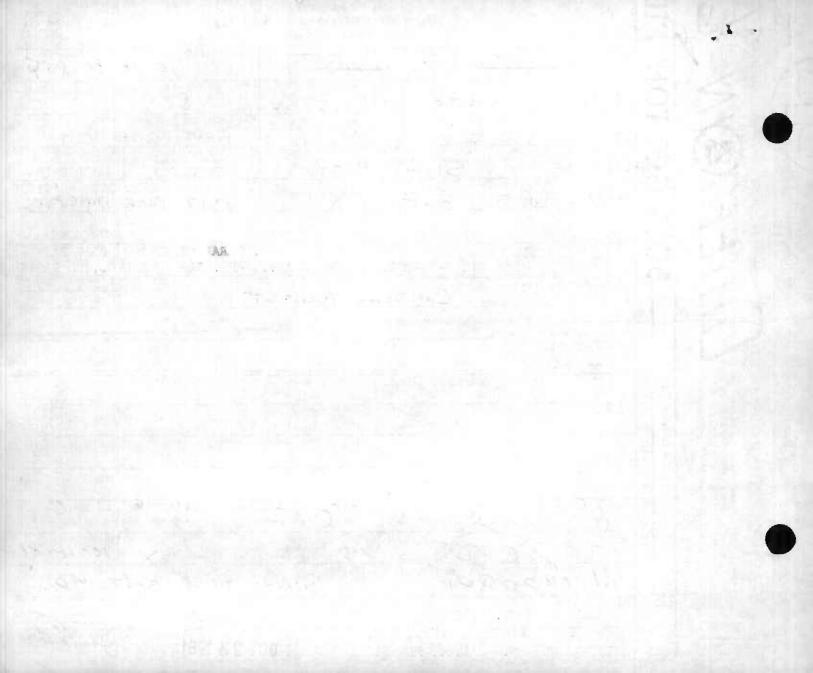
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REGISTRAR

DECEASED NAME





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The law re ricion.  Te has been sit permit.  Sit permit.	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHIC	CH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN CERTIFYING CALL YES	
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offendir offendir ter this is the bu h and M	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	VN COUNT	Y STATE
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by the hose ERAL DIREI CERAL DIREI Store Dept. Store Dept.		276. SIGNATURE CO	e pu	g Cop	(		MEDICAL STAF		DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be det with the State IMPORTANT:		CAN COS A.	OF FRINTS	KH		22 S CREENE	CIT. BACTI	1201. H	0
75 F 2 3 8	230.	BURIAL, CREMATION, REMOVAL			. NAME OF CI	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
0 BP		Burial	Oct. 6,	1981 0	akLawn	Cemetery		Baltimore	Co., Md.
DHMH - 16 60M 7/73		UNERAL DIRECTOR		ADDRESS	LEIDH		E REC'D. BY REGISTRAR	-1	SNATURE
(VR A 15 (4))		Lilly & Zeiler	Inc. 70	00 S. Co	nkling	St.	OCT 5 198	(Bores)	fan auchen

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24 FUNERAL DIRECTOR

- STATE

TYPE OR PRINT

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE LAST 20 DATE OF DEATH MONTH YEAR 26 HOUR 87 FISCHBACH DATE OF BIRTH IF LINDER I YEAR 6 AGE (IN YEARS LAST BIRTHDAY) MONTH WHITE 02 15 23 58 YRS BALTIMORE CITY OR COUNTY OF DEATH TO CITIZEN OF WHAT COUNTRY NEVER MARRIED U.S.A. BALTIMORE NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PIPE FITTER ELLICOTT MACHINE CORP. 3c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 1024 DOWNTON ROAD, 21227 ARBUTUS 15 MOTHER'S MAIDEN NAME LAST FIRST MIDDLE FISCHBACH LILLIAN M. SPURRIER 16b SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** 214-18-6291 ALMA S. FISCHBACH 1024 DOWNTON ROAD, 21227 tb ond c FSPIRATOR DUE TO, OR AS A CONSEQUENCE OF

gove rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF		
PART 2. OTHER SIGNIFICANT C	ONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
210 ACCIDENT WAS UNDERLYING		JRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)

211 LOCATION

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE 22a I certify that (1) (his hospital) attended the deceased from (our opinion death accurred on the date and hour and from the couses stated

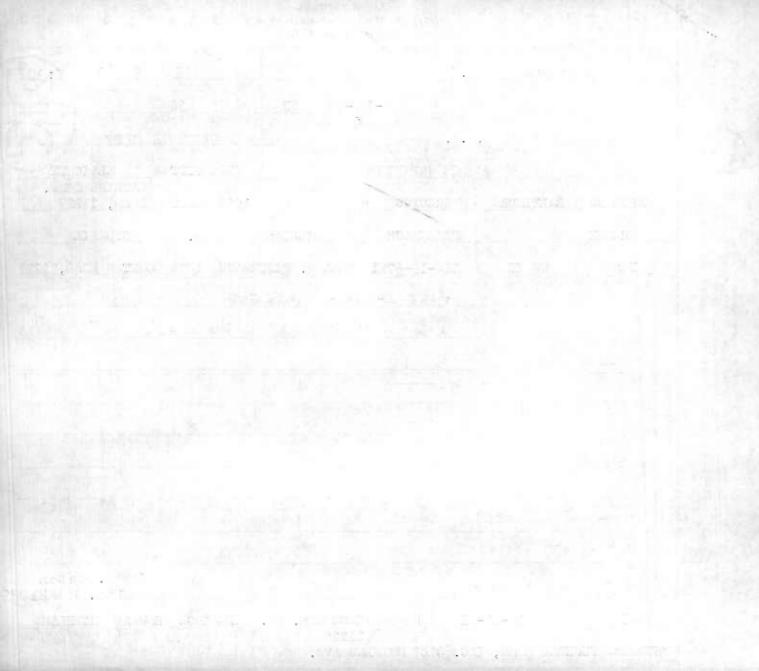
DEGREE 22c. DATE SIGNED MEDICAL 10.8.81 PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

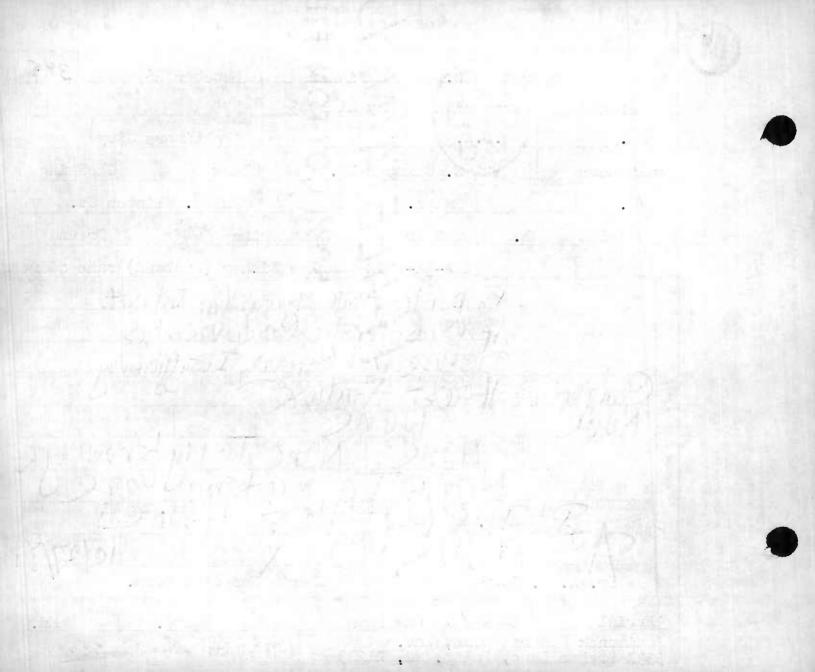
23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION BURIAL 10-12-81 MEADOWRIDGE MEM. ELKRIDGE HOWARD

21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

900S. Caton

DHMH - 16 50M 1/81 (VRA 15, 4)





4905 York Road Balto., Md. 21212

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1.	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	REG. N	0.	<b>)</b> ()	00	
(TYP)	CEASED NAME FOR PRINT!	est	Ĝ	•	Fitz	, Sr.	20 DATE OF DEATH 10-29-81	MONTH DAY	YEAR	26 HOUR 12:10A	
3. SE	<sup>X</sup> Male		N RACE White	e	5. DATE O	DE BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)  IF UND  MONTH!	DER I YEAR	IF UNDER 24 HRS	
	IRTHPLACE (STATE OR FO COUNTRY) Va.		U.S.		MARRIE		9 BALTIMORE CITY OR COUNTY OF DEATH  Balto. City				
	Balto.		House	in the Pi	ines 1	Bel Aire	120. USUAL OCCUPATION OF THE SELF EMPLOY	F WORKING LIFET IN	DUSTRY	F BUSINESS OR	
130 3	Md.	NG HOME OR O		GIVE RESIDENCE BEFORE 136 CITY OR TOW Balto.		13d. INSIDE CITY LIMITS? YES W NO [	13e STREET ADDRESS 3715 Mary	Ave.			
14. F	Charles	$\overset{{}_\circ}{B}$	NIDDLE	Fitz		15. MOTHER'S MAIDEN NA FIRST  Gertrude	WE	Tay	lor	Т	
	VAS DECEASED EVER I YES NO OR UNKNOWN) NO		WAR OR DATES)	166 SOCIAL SECU 214-18-53		Anne B. Fitz	ADDRE , 3715 Mary			ka.	
	18 CAUSE OF DEATH PART I. DEATH W. Conditions, if any, gove rise to imm couse (o), stoting underlying couse	AS CAUSED IMMEDIATE which ediote the	DUE TO, OR	R AS A CONSEQUE	NCE OF	Renal Cystic Kish	Failur Diam	,	BETWEENC	MATE INTERVAL INSET AND DEATH	
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MEDICAL CE	210. ACCIDENT WAS UNDED OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC 21d INJURY OCCURRI WHILE NOTIFY AT WORK NOTIFY 220.1 certify that (1) (1)	AUSE OF DEAT ALEXAMINER) ED	P.A 21e. PLACE C (AT HOME, STRE	A. MONTH DA  A.  DE INJURY  SET, FACTORY, OFFICE, FA	19	216 HOW INJURY OCCURI	CITY OR TO	wn cc	YINUC	STATE	
	sow the deceased	d olive on (did not)	B Bu	6/6/ 198		DEGREE ATTENDING PHYSICIAN  22e. ADDRESS	death occurred on the do	ote and hour and t	,	couses stated	
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Gardens of Faith

DHMH - 16 50M 1/B1 (VRA 15, 4)

TO FUNERAL DIRECTOR: After

should be detached for use as the burial-transit permit. Then please remave carbet with the State Dept. of Health and Mental Hygiene priar ta burial, crematian, or each

IMPORTANT: If Hem 21 is morked or Hem 18 shows any

injury, or ather traumatic

Leonard J. Ruck, Inc., 5305 Harford Rd.

10-31-81

Burial

24 FUNERAL DIRECTOR

Balto. Balto.

"D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

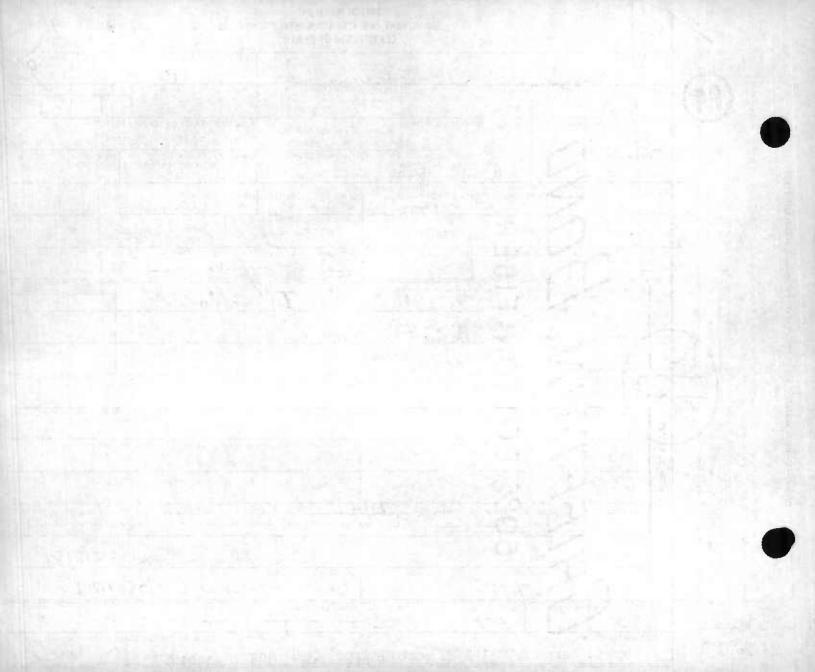
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STATE OF MARYLAND

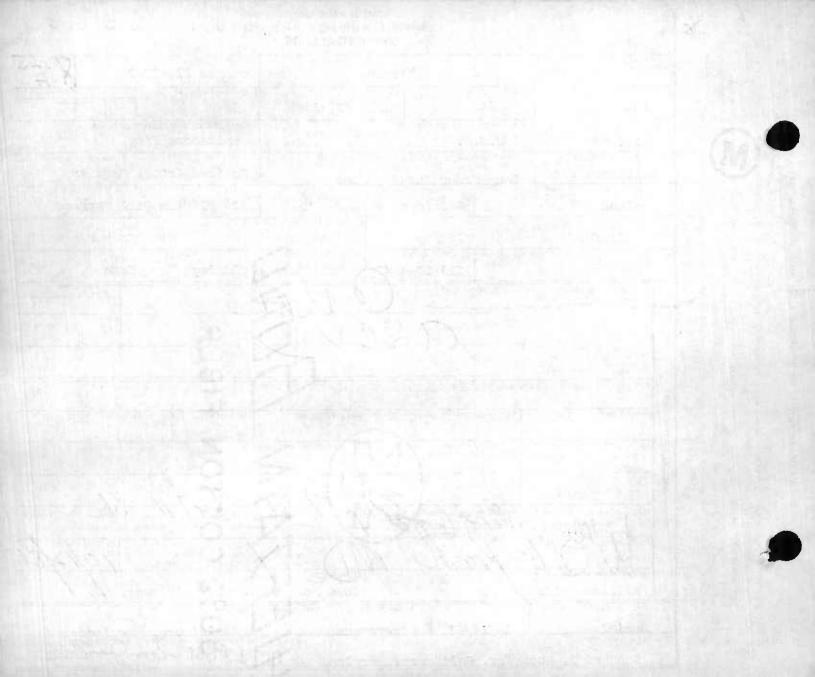


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DIVISION S CERTIFIC RITING TH	5 B B	MEDICAL				STREET, FACTO				TREET			CITY OR TO	WN		COUNTY		STATE
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<b>2</b> 8 5	2 > 2		ACTUAL	14/	101	1 00					PECIFY)	1.			DA	ATE 1/	0 /00 /0	1
<b>₹</b> # 9	AEM -		SIGNATURE.	11	11/	TALL	1		M	.DAS	sistar	TWEDIO	AL EXAM	AINER	SK	SNED !	0/22/8	
SET	# 7 C	-		11	-													
<b>M</b> 5.7	5 2 2		EXAMINER'S (TYPE OR PRI		Lavamaa	R	Guard	M D		ADDRESS	111 Pa	enn S	trac	+ Ra	Ito	MD :	21201	
A XEC	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	-			ormez	K						23d. LOC			ماللد	ا بالدو		
1600	- < ∞	23e.B	JRIAL, CREMA	TION, REMOVAL	736. DATE	./-	234.	AME OF CE	METERYO	RCREMATO	ORY	CITY-OF	RTOWN	- 0		COUNTY	1 51	ATS
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Dr		24 F	JNERAL DIREC	TOR	, 1	11	11	0		~	350. DATE RE	C'D. BY F	REGISTRA	R 256 R	EGISTRAR	SSIGNA	TURE	
	H-17	181	MANE 11	KIMI	17/	ADDRESS	11	Yala	1 min	PH	DAT			0	Auri			
	5 ME (5))	CF	1713 M	· 10WELL	- MA	-317	10 0	DUKK	GE CE	100	· UU	28	1981	Th	-	1	24	
15/M	2/00	-													7	1	'aslan	

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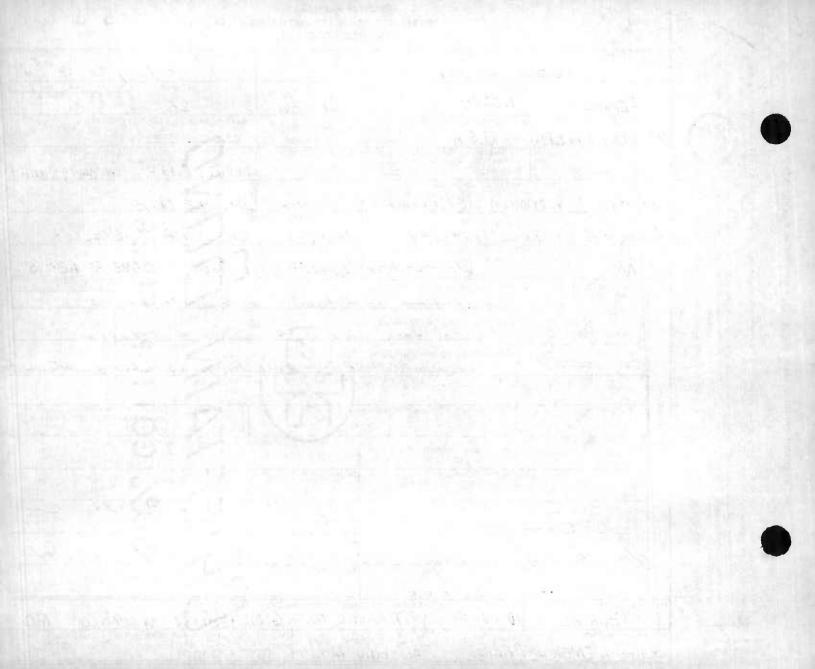
- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



00123 Bet 28 out - 22 out

e jo		FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8   REG. NO.	25871
		I. DECEASED NAME FIRST	WIDDLE	LAST	28. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
nay be page 3			ROLE HOLLOWAY	FLETCHER	10/	12/81 945 AM
4 mo		3. SEX	4. RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
s a de		FEMALE	NEGRO	2 21 56		RS.
Beoth. P.	R	MEDIRTHPLACE (STATE OR FOREIGN COUNTRY) SAUSBURY, MARYLA	The CITIZEN OF WHAT COUNTRY	MARRIED WINEVER MARRIED WIDOWED DIVORCED	BALTO. CITY	
s ofter o	44	10 CITY OR TOWN OF DEATH BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION TADDRESS) RIAL HOSPITAL	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) DEPUTY CLERK	
AND 212 24 hours filled in auld be to	35	13q. STATE NO CO	ON OTHER INSTITUTION, GIVE RESIDENCE BEFORE  DUNTY  13c CITY OR TOV  SALISAL	VN 13d. INSIDE CITY LIMITS?	13e, STREET ADDRESS ESQUIRE DELL	IE .
MARYLA ed within mpletely and 2 sh	20	EMERSON CAR	ROLL HOLLOWAY	15. MOTHER'S MAIDEN N	CHESTINA	COLLICK
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours ysicion and completely filled in by opers. Pages 1 and 2 should be fill the medical extrained must be me	2	160 WAS DECEASED EVER IN U.S.  (YES, NO OR UNKNOWN) (IF YES		3956 CLARENCE E	ADDRESS . FLETCHER S	SAME AS ABOVE
requires that the death certical signed by the attending p. Then please remove corban or to build, cremption, or real vinity, or other traounatic residuals.		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE (c) Embryona (	DENCE OF  JENCE OF  Cell CA (Immatur  DEATH BUT NOT RELATED TO THE TER	e Teratoma) of	DVary 20 month
TAL RECC The law ician. The has be ssit permit giene prik	9	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \( \) NO \( \)
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require offer this certificate has been sign os the buriol-transit permit. Then the and Amental Hygiene prior to be orked or flem 18 shows any injury	0	CONTRACTOR CANCE OF	DEATH HOUR A.M. MONTH D	YEAR 19	IRRED (ENTER NATURE OF INJURY IN ITE)	A 18 PART I OR PART 2)
ave PHY:		OR CONTRIBUTING CAUSE OF  (IF EITHER NOTIFY MEDICAL EXAM  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  AT WORK	216 PLACE OF INJURY LAT HOME, STREET, FACTORY OFFICE.	FARM, ETC.)	CITY OR TOWN	COUNTY STATE
R ATTENDIN haspital or a RECTOR, African ted for use on the spit of Health fem 21 is more more to a second or the			an 19 4 19 5	3/ , and that in (my (aur) apinio	in death occurred on the date and	hour and fram the causes stated
by the by the ERAL Di State De ANT: If H		228. SIGNATURE  2016. PHYSICIAN'S NAME (TY	formelus .	DEGREE  ATTENDING PHYSICIAN  22e ADDRESS		22c. DATE SIGNED 10/19/8/
TO HOSPI etained b TO FUNE shauld be with the S		MARCELLA L	ROENNEBURG, M, D,			
BP		230. BURIAL, CREMATION, REMOV (SPECIFY) BURIAL		NAME OF CEMETERY OR CREMATORY PRINGHILL MEM. GI		VILLOMICO MD
DHMH-16 30M 2/80 (VRA 15, 4)		24 FUNERAL DIRECTOR VOLLEY MEMORIA	OL Chapel Bat	Z YCKSCY, Ka,	ATE REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE



attending physician and completely filled in by the funeral tave carbanpapers. Pages 1 and 2 shauld be filed within 72 l

or removal.

MPORTANT: If Item 21 is marked at item 18 shaws any injury, at other traumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attent should be detached for use as the burial-transit permit. Then please remove cowith the State Dept. of Health and Mental Hygiene prior ta burial, cremation,

within 24 hours after

STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH

MENT OF HEALTH AND MENTAL HYGIENE 8 1 2 5 6 7 2

CERTIFICATE OF DEATH

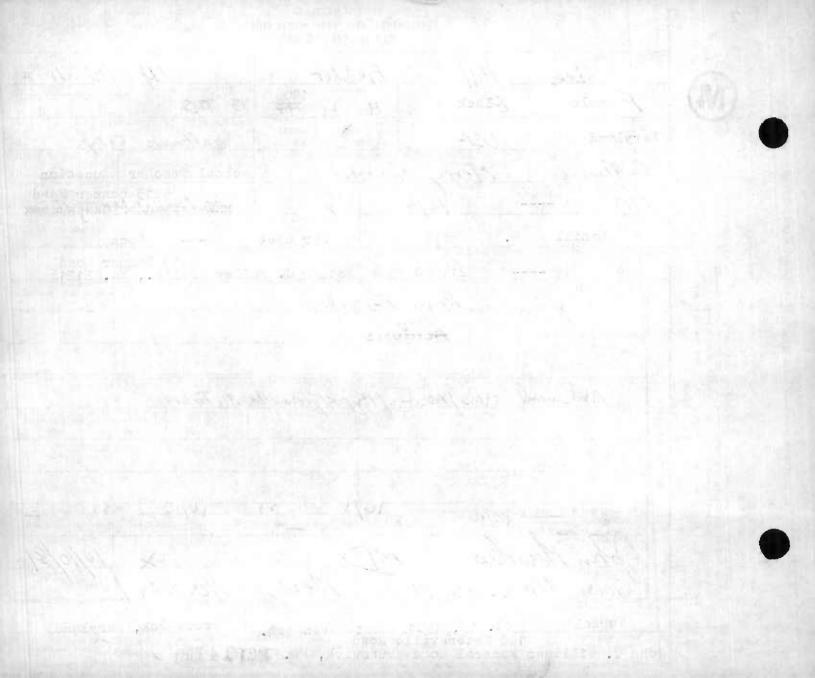
	_							KLO. IV	O.			
		CEASED NAME FIRST OR PRINT)	MID	DLE	<i>y y</i>	AST	20. DAT	E OF DEATH	MONTH	DAY YEAR	2h HOUR	
		Lee	Hill		1/4	etcher			14	10/8/	11"	7 M
9	3 SEX		4. RACE		5. DATE C	F BIRTH 1906	6 AGE	(IN YEARS LAST BIR	RIHDAY	UNDER 1 YEAR	IF UNDER 24	_
ı		/ emale	Glack	2	4	LI PROS	75	XXXX	YRS	MONTHS DAYS	HOURS	AIN.
1	7a. Bil	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WI	HAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALT	MORE CITY	R COUNT	Y OF DEATH		
-		aryland	USA	-	WIDOWE	D DIVORCED		Baltin	rore	CITY		MD.
-7	10 CI	TY OR TOWN OF DEATH		SPITAL, NURSING ACILITY, GIVE STREET A		OR OTHER INSTITUTION		JAL OCCUPAT		126 KIND C	F BUSINESS	OR
1	(	ralitanore	Me	ray la	WSP 1	15/	Sch	ool Te	ache	r Edu <del>ca</del>	tion	
1	13a S	AL RESIDENCE (IF NURSING HOME OF		VE RESPIENCE BEFORE		13d INSIDE CITY LIMITS				Bonner		
	14.54	(/)		Halto		YES NO		STILL ST	'kwak's	ANSTHE.	Hones	2
	14 FA	THER'S NAME	MIDDLE	LAST		15 MÖTHER'S MAIDEN	NAME	MIDDLE		LAS	ST	
X		Daniel	G.	Hill		Margar	et			eck		
			MED FORCES? 16	bb. SOCIAL SECUR	RITY NO.	17 INFORMANT		421		nner Ro		
		No		14 40 4	588	Esther C.	Baile				216	
		18 CAUSE OF DEATH (Enter or	ily one couse per lin	ne for (a), (b), and	l (cl.)					BETWEEN	MATE INTERVAL	TH
		PART I. DEATH WAS CAUSE	D BY: TE C AUSE (a)	Renal	Fac	lure						
		2762										
	819	Conditions, if any, which	DUE TO, OR A	ACIU	DS1,C							
		gave rise to immediate	(0)		1-0-	Water Company						
7	37.	underlying cause last.	DUE TO, OR A	AS A CONSEQUE	NCE OF							
	239	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	ITPIBLITING TO D	EATH BUT	NOT BELATED TO THE T	EDAMINI AL DIC	EASE OR CON	DITION CI	N/SAL IAL DADT 1		
	NO	Abdomen	11 44	1 Ascite	c/H	VPUX/VCemia	1/1-	Fuhr		IVEN IN PART III	0	
5	CAT	190 DATE OF OPERATION	196 CONDITIE	ON FOR WHICH	OPERATIO	N WAS PERFORMED	- 1	UTOPSY?	20b. IF YE	ES, WERE FINDIN		
	CERTIFICATION						YES [	] NO[]		IFYING CAUSES 'ES []	OF DEATH?	
1		210. ACCIDENT WAS UNDERLYING		MURY MONTH DA	V VEAD	21c. HOW INJURY OC	CURRED (ENT	R NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)		
	MEDICAL	OR CONTRIBUTING CAUSE OF DEA		MONTH DA	19 19							
	EDIC	21d INJURY OCCURRED	21e PLACE OF	INJURY		211 LOCATION						
	×	WHILE NOT WHILE AT WORK	(AT HOME STREET	, FACTORY, OFFICE, FA	RM, ETC.)	STREET		CITY OR TO	)WN	COUNTY	STATE	
-		220 I certify that (I) (this hospi	tal) attended the a	deceased from	10	19	81 10	10/11	0	19.	that (I) (we)	last
1	- 1	saw the deceased alive on above, (1) (2) (did) (did) (did)	10/10	19_2	3 1 or	d that in (my) (our) opin	nian death acc	urred an the d	ate and ha			d
-		77h AGNATULE	i view the body att	fer death.		DEGREE		-		22c. DATE	SIGNEDA	
1		John Mai	roles		MI	ATTENDIN PHYSICIAL		AL STA		101	10/81	1
┪		THYSICIAN'S NAME THE	PENT		11	22e ADDRESS	N DIRECT	OK   PHISIC	TAIN	1///	701	
		John MI	PRGOLI	S MI	7	Merc	/	HOSP	119	/	Paris of	
1	23a. B	URIAL, CREMATION, REMOVAL	23b DATE		AME OF C	EMETERY OR CREW 10	#W 23d. L	OCATION	1	/-		_
	(	Burial	Oct. 15	37-23			11//	Freder	ni ol-	COUNTY	STATE	
	24 FU	INERAL DIRECTOR	100 Pet	1981	Res	t Haven Wei	DATE REC'D.	BY REGISTRAR	25b. REGAS	Maryla TRAR'S SIGNAT	und	_
	Jo	NAME	Funeral				POT6	4 1001	The	ML Clan	lla	
	00.	T		TYOUNG T	- wash	11 - 0 17 4 1100	THE PARTY OF		1	1.		

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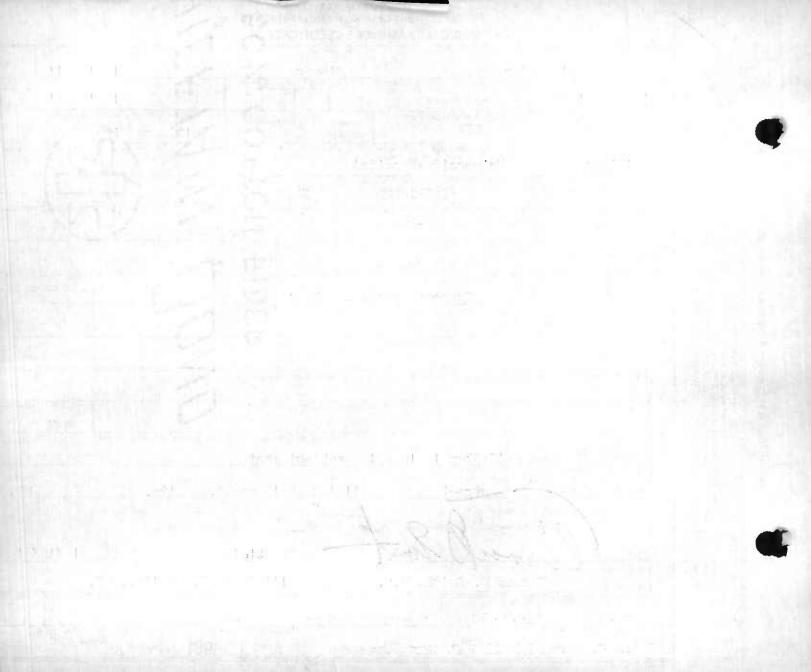
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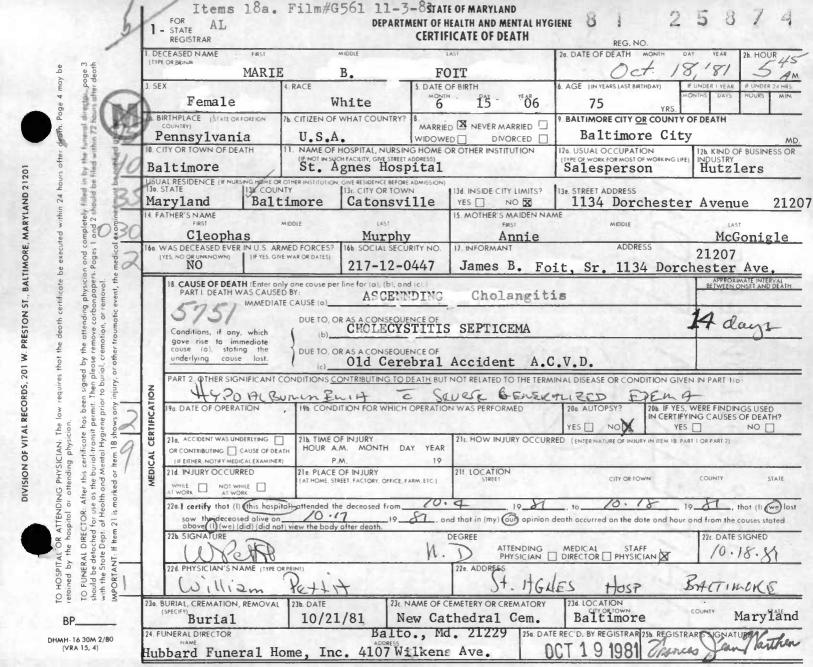
OR ATTENDING PHYSICIAN: The low

retained by the haspital ar attending physician



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	y	11-	STATE				MENT OF EXAMIN						6	2 3	O	1	9
			REGISTRAR CEASED NAME	FIRST	7712	MIDDLE	EXAMI	IEK 3 (	LAST	AIE	T DE	20. DATE K	REG. NO		DAY	YEAR	2b. HOUR
	W -: 20.5		PE OR PRINT)		4			_		s J	~	OF DEATH /	EDII.	1			
	PLEASE CTOR. FILES. DURS FEET,	3. SEX	x 1	A lexar	IS DATE OF BIRTH		6 AGE (IN Y		OWERS	IF UNDER		2c. DATE	WALED	MONTH	18 DAY	198	2d HOUR
	A SOCIAL	Ma	ale	Black	8 26	1941	40 Y	RS. MONT		HOURS	MIN.	PRONOUNG DEAD	CED	10	18	1801	1:20 a_M
0		7a. B	RTHPLACE (ST. DREIGN COUNTRY)	ate or INd	76. CITIZEN OF W		TRY?	8. MARR WIDOW	IED   NEV	VER MARRI	=	9. BALTIMO	imore			EATH	MD
	PAGE S	10. C	Baltimo		11. NAME OF HOS (IF NOT IN SUCH FA Unive	SPITAL, NUI	RSING HOM FREET ADDRESS) HOSP I	tal	ER INSTITUT	TION		MOST OF WORK		OF WORK		D OF BUS INDUSTR	
21201	ATH. IF ANY DE ST. 2, AND 3 TETAIN ND 2 SHOULD BY VITAL RECORD	USU/ 13a. S	AL RESIDENCE (	IF IN NURSING HOME O	OR OTHER INSTITUTION, G		SEFORE ADMISS		13d. INSIDE (I	TY LIMITS?	13e, STR 100	EET ADDRES	s Iosher	Stre	eet		
BALTIMORE, MD. 21201	EST. P. P. S. P.		ather's name lexande		MIDDLE	Flo	Wer S	r	15. MOTHE Annie		M.	Draper	Flow	vers	Ś	ydne	r
WO	S S S S S S S S S S S S S S S S S S S		WAS DECEASED	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOC	IAL SECURI	Y NO.	17. INFORM	TMAN			ADDRESS				
ALT	S AFT GIVE ITH F PAGE IVISIO		Yes	(11 163, 0142	WAN ON DATES!	214-	40-681	2	Anni	e M.	Syd	lner 25	46 Qu	antic	co A	ve	
	NIT. PIN.		18. CAUSE OF	F DEATH (Enter on ATH WAS CAUSE	ly ane couse per line							ALC:	140		BETW	PROXIMATE EEN ONSET	INTERVAL AND DEATH
SNO	24 HC LONG LONG PERM GIENE		01 5		TE CAUSE (a) GI		woun		ches	†							
EST	IN S IN S IN S IN S IN S IN S IN S IN S		Condition	s, if any, which	DUE TO, OR	AS A CON	ISEOUENCE	OF									
4	WITH NCIL NCIL NCIL NCIL NCIL NCIL NCIL NCIL	-	gove rise	e ta immediate stating the under-		16 1 601									-		
.201 W. PRESTON ST	EXECUTED WIT NG" IN PENCI CAL EXAMINE N BURIAL - TRA A AND MENTA WATION, OR R		lying cous		DUE TO, OR	AS A CON	ISEQUENCE	OF				18					
DIVISION OF VITAL RECORDS,	HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH RD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES HIEF MEDICAL EXAMINER ALONG WITH FORM PA USED AS A BURGHAL-TRANSIT PERMIT. PAGES I AND OF HEALTH AND MENTAL HYGIENE, DIVISION OF	NO	PART 2 OTNER SIG	SNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TER	AINAL OISEAS	E OR CONDITION	GIVEN IN PAI	RT 1 (e).						
2	CERTIFICATE SHOULD STRING THE WORD "PE DED TO THE CHIEF M E3 SHOULD BE USED A DI PRIOR TO BURIAL, C	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDI	TION FOR	WHICH OPE	RATION W	AS PERFOR	MED?					20. A	UTOPSY?	
VIT.	SSE SE SE LES	E														ES 🛛	NO 🗆
Ö	ANEN MEN			L CAUSE WAS	21b. TIME O HOUR A.M	. MONTH	DAY YEA	21c. H	OW INJURY	OCCURRE	D (ENTER	NATURE OF INJU	RY IN ITEM 18 P	PART I OR PAR	RT 2)		
NO.	CERTIFICATE WITING THE WOED TO THE WOED TO THE WOED DEPARTMENT TO RIOR	MEDICAL		OR G CAUSE OF			18 198	1 9	ubjec.	t sho	<u>t</u>						
SIVIS	CER	WED	216. INJURY O	NOT WHILE D	21e PLACE STREET, FAC	TORY, FARM E	(AT HOME, TC.)		CATION			CITY OR TOW	N	COL	UNTY		STATE
	ER: THIS CER ORWARDED OR PAGE 3 S HE STATE DEP JD, 21201 PR		AT WORK	AT WORK	str	eet		1110		<u>Ca Iho</u>	oun S	†. Ba	Ito.				MD.
	NO. HES		22a. I certif	y that I laak charg	e of the remains de	scaped abo	ve, held on	Autop		Inspectio	in 🔲 ,	Inquiry	∐, _on	d in my op	inian		
-	BE BE		death resulte	drom: / Notu	ral couses 🔲 ,	ciden	9 s	ide	, Hamic	ide K	Undet	termined mor	nner				
	WAY WEEK	1	ACTUAL	4//	and k	11	14.		Depu'	PECIFY)	iof			DATE	1	0/18	/81
	SHOE SHOE		SIGNATURE_	100	moy	1 40	and		'D'nehn	Ty CII	WED	OICAL EXAMI	NER	SIGNE	D	0/10	701
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 2	-	EXAMINER'S I	*17	nomas D.				ADDRESS_		Penn		Balto	)., M	Ο.		-
11 1	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		SPECIFY)	TION, REMOVAL			NAME OF CE			ORY		OCATION OR TOWN		COUN	VIY		ATE
100	/ BP	74 E	Burial UNERAL DIREC		10/23/81	Mt	Aubu	n Ce	ntery	250 DATE	Ba]	timore REGISTRAR	PASS PEGI	STIANSA	GNE	Md	
	DHMH - 17 (VR A15 ME (5))		NAME		F/H 1101	F N	rth As	zenue		בחת ב	r 0 0	1981	Pranci	60	and	ROLLEGE	
	15M 2/80		C	· PALCII	TALL TIOT	ii. IVC	L CII A	criue		ا بالا	140	1301	4,	0			





attending physicion and completely filled in the ave carbonpopers. Pages 1 and 2 shauld be find

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ishould be detached for use as the burial-transit permit. Then please remove carbon papers. F ould be detached for use as the burial-transit permit. Then please remove carbonpapei ith the State Dept. of Health and Mental Hygiene priar to burial, cremotion, ar removal.

11	FOR STATE REGISTRAR	DEPART	MENT OF H	E OF MARYLI LEALTH AND I LICATE OF D	MENTAL HYGI	ENE 8 1	2	5 3	1 5
1 DE	ECEASED NAME FIRST	MIDDLE	1	.AST			MONTH	DAY YEAR	26. HOUR
(TYP	James	R.	Fo	oltz		October	28, 1	981	2:00 p
3 SE	EX	4. RACE	5. DATE C			6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	White	2	16	13	68	YRS.	MONTHS, DATS	HOURS
7a. B	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? .8.	D NEVER A	AAPPIED []	9 BALTIMORE CITY O		OF DEATH	
3	Virginia	U.S.A.	WIDOWE		VORCED []	Baltimore	City		N
10.0	Baltimore	11. NAME OF HOSPITAL, NURS II (IF NOT IN SUCH FACILITY, GIVE STREET Maryland Gener	T ADDRESS]		TITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF MAINTENAN	F WORKING LI		
13a.	JAL RESIDENCE (IF NURSING HOME OR STATE Aryland	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NET VITY 130 CITY OR TOV Baltimo	VN	13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS 4328 Fairh		Avenue	21226
14 F	ATHER'S NAME	MIDDLE LAST			S MAIDEN NAM			LA	
0	James	C. Foltz			Lelia	F.		Sho	
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECTION SOCIA		Nancy		ADDRE tz 4328 Fai		n Aven	1e 212
CERTIFICATION	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO				20a AUTOPSY?	20b. IF YE	S, WERE FIND! FYING CAUSE	NGS USED S OF DEATH?
	71a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		Tale HOW IN	IIIDV OCCURR	YES NOW		ES C	ио 🗍
	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	AY YEAR			LD (ENTER NATURE OF INJU	KT IN HEM 18	PART 1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		21f. LOCATIO STREET		CITY OR TO	WN	COUNTY	STATE
	saw the deceased alive an obove (1) (we) (did) (did) an	october 28 19	, 01	nd that in M	1, 19 6 (our) opinion d	, to	,	ur and from the	tha <b>X</b> ( <b>X</b> (we) to
	22b. SIGNATURE	Angul		DEGREE A	ATTENDING PHYSICIAN	MEDICAL STAI	FF CIAN []	224. DATE	SIGNED 41
	22d PHYSICIAN'S NAME (TYPE O			Joppa	areen	Spring Sta Falls Rd, L	tion uther	Suite ville,	302 MD 210
	BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial			EMETERY OR O		Brooklyn	Pk.	A°OUNTY Co	. Mát.
	FUNERAL DIRECTOR  ubbard Funeral F	Balto Home, Inc. 4107	Md. : Wilker	21229 ns Ave.		CT 3 0 1981	256 REC.	TRAR'S SIGNA	Martle

DHMH-16 30M 2/80 (VRA 15, 4)

retained by the hospital

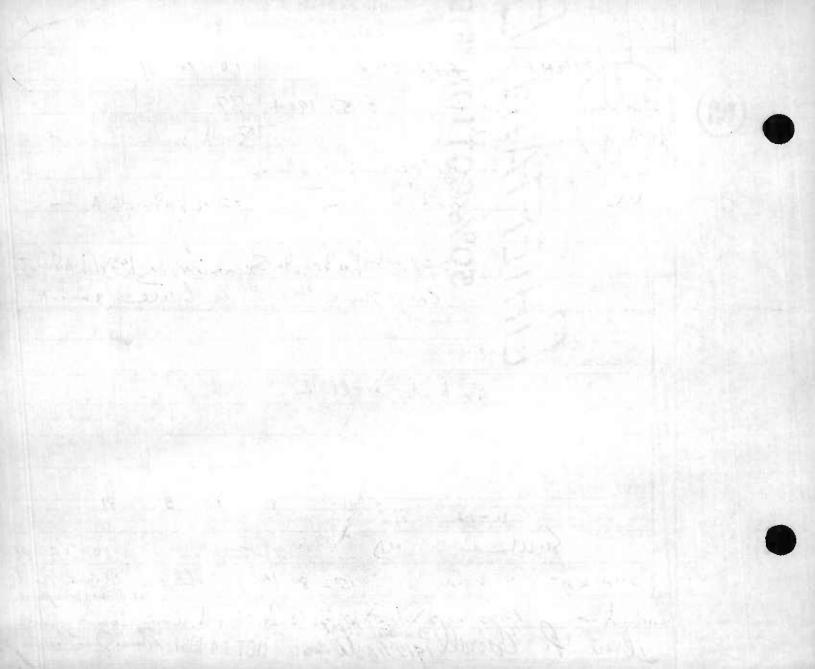
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6	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 2 5 3 7 0  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.											5		
	DECEASED NAM	E FIRST		Jose	nh	Fo				OF DEATH		MONTH	DAY 5 19	YEAR 81	2b. HOUR
M) 1	SEX	4. RACE	5. DATE OF BIRTH	YEAR	AGE (IN YEAR:	IF UNDE	ER 1 YR.	IF UNDER		2c. DATE		MONTH	DAY	YEAR	24 HOUR 23:07
	Male  BIRTHPLACE IS FOREIGN COUNTRY)  MARYLAN		01 16 76. CITIZEN OF WE USA			MARRIED		ER MARRIE	ED (L)	9. BALTIMO	-			81 ATH	Рм
	D. CITY OR TOWN	OF DE ATH	11. NAME OF HOS JIE NOT IN SUCH FAI	CILITY, GIVE STR	SING HOME,	OR OTHER			12a. USU	AL OCCUPA OST OF WORK	ING LIEE)		126. KIND OR II TRAN	NDUSTR'	Y
- AL			OR OTHER INSTITUTION, GI	13c. CITY C	FORE ADMISSION	130	d. INSIDE CIT	Y LIMITS?	13e STRE	EL ADDRES	s DLEY	AVE			
00	4. FATHER'S NAM	AEL	MIDDLE	FO			E	s maide		MID	DDLE		RABI		
1	YES, NO, OR UNKNO	DEVER IN U.S. AR/	MED FORCES? WAR OR DATES)		1 2968		DOLO]		FORI	330	ADDRESS 8 DU	DLEY		OXIMATE I	
URIAL, CREMATION, OR REMOVAL.	gave ri cause (a lying cai		(b)	as a cons	EQUENCE OF		R CONDITION	GIVEN IN PAR	RT 1 (a).						
2	190. DATE OF	FOPERATION	19b. CONDIT	ION FOR W	HICH OPERA	TION WAS	PERFORM	AED?						TOPSY?	NO [X]
250		AL CAUSE WAS GOR NG CAUSE OF E	1		DAY YEAR	21c. HOW	V INJURY (	OCCURRE	D LENTER N	ATURE OF INJU	IRY IN ITEM 18	PART I OR PA	RT 2)		
	WHILE AT WORK	OCCURRED  NOT WHILE  AT WORK	21e PLACE C STREET, FACT	OF INJURY ORY, FARM, ETC	(AT HOME,	21f. LOCA STRE				CITY OR TOW	M	со	YTMU		STATE
BALTIMORE, MARYLAND, 21201 PRIOR TO BURIN		ify that I took charg	n M. Dixo	Accident	Suici	A.A.	Homicii TITLE (SP	recify) tant	Undete	Inquiry PERMINED MON	nner .	DATE SIGNI	ED	0/6/	81
	BURIAL		10/9/81	23c. N.	M CATH	TERY OR C	AL		E	CATION OR TOWN BALTO		coul		STA MD	
5))	A FUNERAL FIRE	Coach	- 1211 C	Leca	6 Ave		2	DATE R	REC'D. BY	registrar	25b. REG	11/	an /	ethe	

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1 - STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



FOR

REGISTRAR

1 - STATE

DHMH-16 30M 2/80

(VRA 15, 4)

Bultimore 17h, KIND OF BUSINESS OR TYRE OF WORK FOR MOST OF WORKING LIFE F. Fort Ave. Balto. M. Stromen Mr. (harles (. Fout, Same as above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ACHEADSCLEADIC CAADCOURSCULAR DISEASE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (per) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED D, ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 301 ST. PAUL PLACE - BALTIMORE edan Hill (emetery Burial 250. D'ATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Mo ully Funeral Home, 130 E. Fort Ave. Balto. Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

YEAR

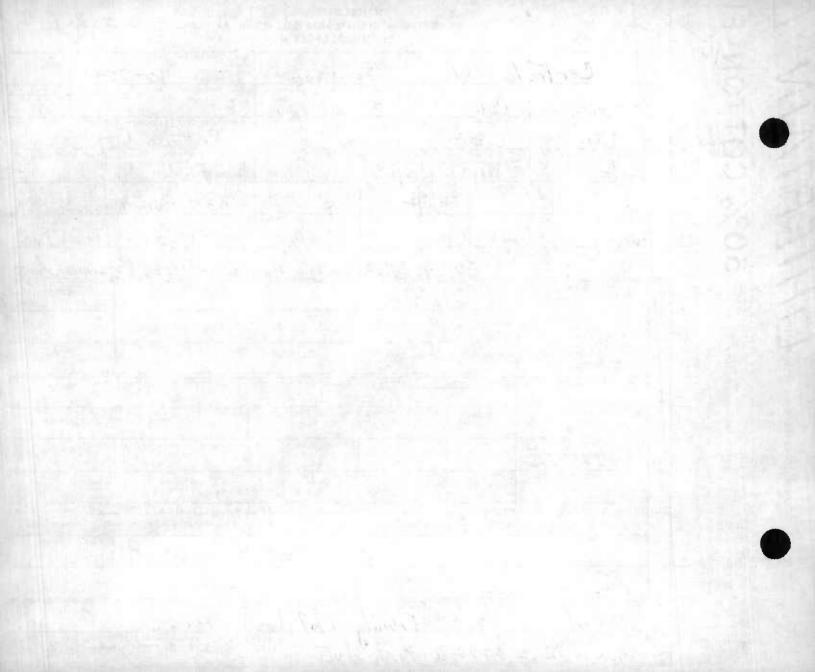
IF UNDER I YEAR

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IF UNDER 24 HR

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*	FOR - STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		25879
100	DECEASED NAME FIRST YPE OR PRINT! GENTLE	MIDDLE WA	Foul Kee	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR  10 - 25-81  M  RIHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
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lifed the	Balto Bath	11. NAME OF HOSPITAL, NU (IF NOTIN SUCH FACILITY, GIVE)	RSING HOME OR OTHER INSTITUTIO	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	F WORKING LIFE INDUSTRY
bould by 13	BUAL RESIDENCE (IF NURSING HOME OF B. STATE)	ROTHER INSTITUTION GIVE RESIDENCE INTY	FOR ADMISSION 138. INSIDE CITY LIM  YES 1 NO [	11 10 0	BORFMAN AUE
ond 2 sh	FATHER'S NAME HENRY	MIDDLE WAShing	To Salle	MIDDLE (NM	12) POSTER
Poges medica	(YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES) 2/6-/	0-3865A BULLYN -	Hunderson- 4	035 Buarmon Ave
ng physicio bon paper remaval. c event, the	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one cause per line for (a), ib ED BY: TE CAUSE (a)	s, and icil		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  2 Cay J
by the attending Sise remove carb I, cremation, or r other traumatic	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSI			
Signed Then ples to burio njury, or		CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CON	DITION GIVEN IN PART 110
Aygiene prior to the Right of t	190. DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
	00.000,000,000,00 🗍 0.000,000,00	HOUR A.M. MONTH	DAY YEAR 19	CCURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART ?}
alth and Mental	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OF	PICE FARM, ETC   211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
of Healtl	22a.1 certify that (1) (this haspi saw the deceased alive an abaye (1) (we) (did) (did no	1	e).	inian death accurred an the d	19, that (I) (we) last ate and hour and from the causes stated
detached ate Dept.	226 SIGNATURE Dela	Your	DEGREE ATTEND	ING MEDICAL STA	FF 10/25/1
should be det with the State IMPORTANT:		Colum	22e ADDRESS Mer	11.2211	1
230	BURIAL CREMATION, REMOVAL		FAMILE PLOT	em, 23d LOCATION Crews	COUNTY STATE
50M 1/B1 15, 4)	ENFRAI DIRECTOR RICCO	222- (ADDR	North Aux 125	NOV BY 1981 TRAP	REGISTOARS SIGNATURE



STATE OF MARYLAND

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STATE OF MARYLAND

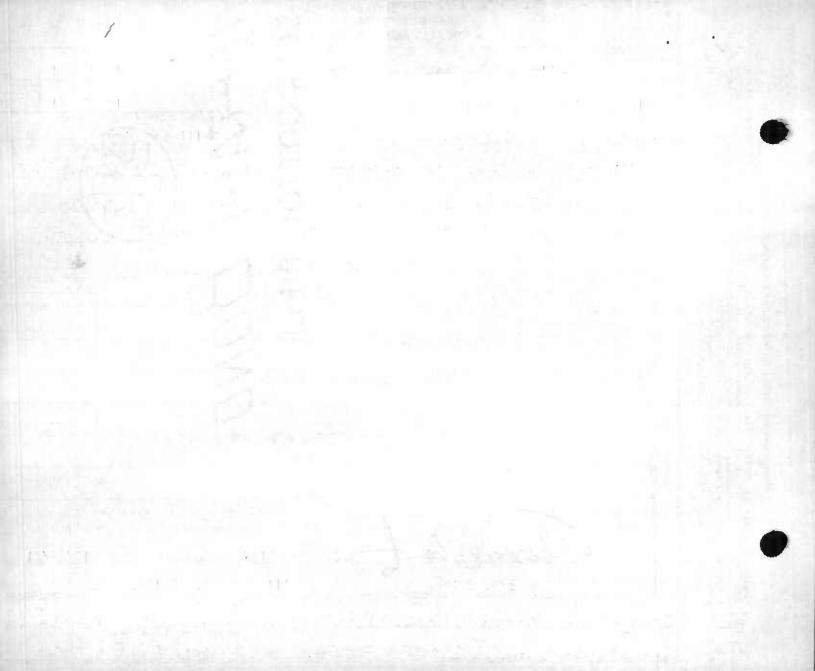
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Item 17 g560 10/21/81 gj

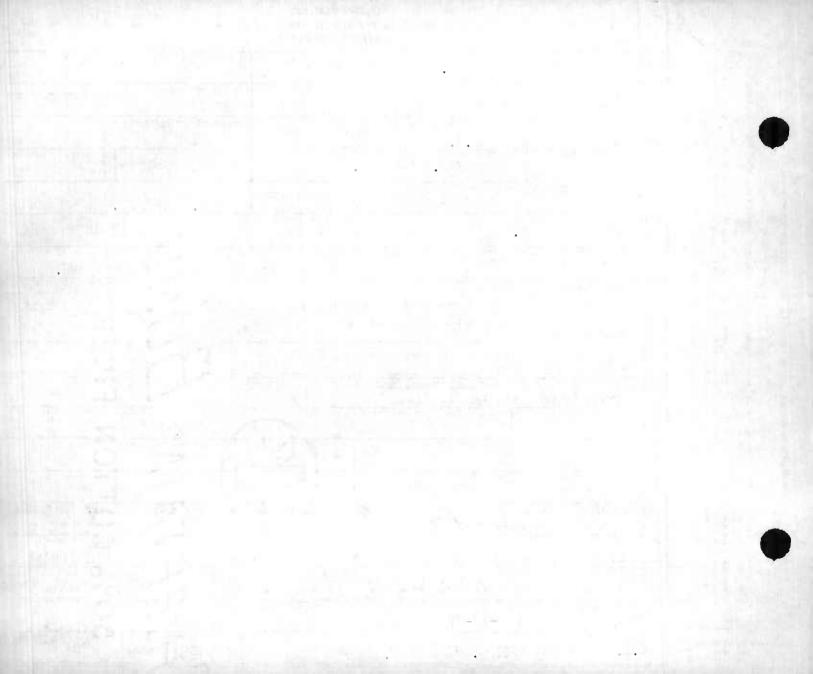
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201 W. PRESTON ST., BALTIMORE, MD. UTED WITHIN 24 HOURS AFTER DEATH. IF IN PENCIL IN ITEM 18, GIVE PAGES 1, 2. EXAMINER, ALONG WITH FORM PM, 3.	DIVISION OF VITE	(1	0	(IF YES, GIVE	WAR OR DATE	21	213	50	9095	F	ima	14	RECO	OROS				
HOURS M 18. G WIF WIT	J. P.		18 CAUSE O	F DEATH (Enter onl	y one cous	e per line	for (o), (b	), ond (c).)								1,5	APPROXIMATE	INTERVAL
STON ST., N 24 HOUR N ITEM 18.	L ENE		PARTIDE	ATH WAS CAUSED	BY:	1	Acute	meth	adone	and	ethan	ol in	toxic	cation	n	DE	WEEK ONSE	AND DEATH
STO N I I	YGII OV		30.	40			AS A CO	NSEQUENC	E OF									11/1/11
FE FE	ANS AL H REM	3		ns, if any, which se to immediate		(b)					100							
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EX PER S	N. N.		lying cou	ise last.		(c)												
DIVISION OF VITAL RECORDS, 201 V S CERTIFICATE SHOULD BE EXECUTED RITING THE WORD "PENDING" IN PROED TO THE CHIEF MEDICAL EXAN	OR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	_	PART 2 OTNER SI	GNIFICANT CONDITIONS			BUT NOT REL	ATEO TO THE T	ERMINAL DISE	ASE OR CONOIT	TON GIVEN IN P	ART 1 io.						
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ATE, T	E SI D, S		22a I certi	fy that I taak charg	e of the re	mains des	cribed ob	ove, held a	Auto	ipsy []	Inspecti	on .	Inquiry	, D.	and in m	y opinion		
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MEDICA CUTE TH XE 4 SH	A PA	-	EVALUEDIC	NAME		-		4	)									
TO MEDI EXECUTE PAGE 4	TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,  \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		(TYPE OR PRI	NT) The	omas	D. Si	mith,	M.D.		_ADDRESS			st.	Bal	to.,	MD.		
588	PA A	23o.B	URIAL, CREMA	TION, REMOVAL 2	36. DATE		23c.	NAME OF	CEMETERY	OR CREMA	TORY	23d LC	OCATION OR TOWN			COUNTY	ST	ATE
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5	1.	FOR STATE REGISTRAR		DEPARTA	CERTIF	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	IENE DE REG. NO	2 5	3 8 3
noy be poge 3		CEASED NAME FIRST EILER		J.		ANZE	20. DATE OF DEATH	10 11	87 26. HOUR
or,	3. SE	FEMALE	4. RACE BLACK		5. DATE (		6 AGE (IN YEARS LAST BIRTH	MONTH	DER 1 YEAR IF UNDER 24 HRS S DAYS HOURS MIN
deoth Poge	C	IRTHPLACE (STATE OR FOREIGN OUNTRY)  EW YORK		what country?	8 MARRIE WIDOWI	D NEVER MARRIED C	9 BALTIMORE CITY O	R COUNTY OF D	<b>EATH</b> MD.
The second		ALTIMORE	11. NAME OF	HOSPITAL, NURSIN	ORESST	OR OTHER INSTITUTION	120 USUAL OCCUPATIO	ON ERKING LIFE) IN	L KIND OF BUSINESS OR DUSTRY
MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 should be file exeminer must be a		AL RESIDENCE (IF NURSING HOME OF 136 COL	OR OTHER INSTITUTION JINTY	BALTTMOR		134 INSTRE CITY LIMITS?	13e STREET ADDRESS 206 S. AT	HOL ST.	
MARYL ed withii ond 2 st	14. F/	LLOYD	WPDLE	BROWN		15. MOTHER'S MAIDEN NA/	ME	HEN	CE LAST
BALTIMORE, I		NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU	RITY NO.	WILLIAM FRA	NZE 3322	ss PIEDMON	T AVE.
is, 201 W. PRESTON ST.  uires that the death certificated by the attending pen please remove carbon, burial, cremotion, or remotive, or other froumatic even ury, or other froumatic even	z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	(b) DUE TO, C	OR AS A CONSEQUE	NCE OF	nonary av		DITION GIVEN IN	PART I(o)
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir to thending physicion. The this certificate has been signs the buriol-tronsit permit. There th and Mental Hygiene prior to be orked or them 18 shows any injur	MEDICAL CERTIFICATION	190 DATE OF OPERATION  710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	21b. TIME C HOUR A R) P	DF INJURY .m. month da .m.		N WAS PERFORMED  21c. HOW INJURY OCCURR	200 AUTOPSY?  YES NO X  RED (ENTER NATURE OF INJUR	IN CERTIFYING YES	RE FINDINGS USED C AUSES OF DEATH? NO []
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TO HOSPITAL OR A retorned by the hose To FUNERL DIRECTOR Should be detoched with the Store Dept.		226 EIGNATURE  COURS  226 PHYSICIAN'S NAME ITYPE	OR PRINT)	veheuer ARCHE	EUJA	DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	MEDICAL STAF	1	10 (15 81 Balto, 2120
286 Pb To HOS	23a. I	BURIAL CREMATION, REMOVA		23c. N	NAME OF C	EMETERY OR CREMATORY RE NATIONAL	23d. LOCATION CITY OR TOWN BALTIMORE	COUN	ARYLAND.
DHMH - 16 50M 1/76	24_F	UNERAL DIRECTOR F NAME DHTILTDC	1701 N			25a. DATI	E REC'D. BY REGISTRAR	25h PEGISTRAL'S	What Heather



STATE OF MARYLAND

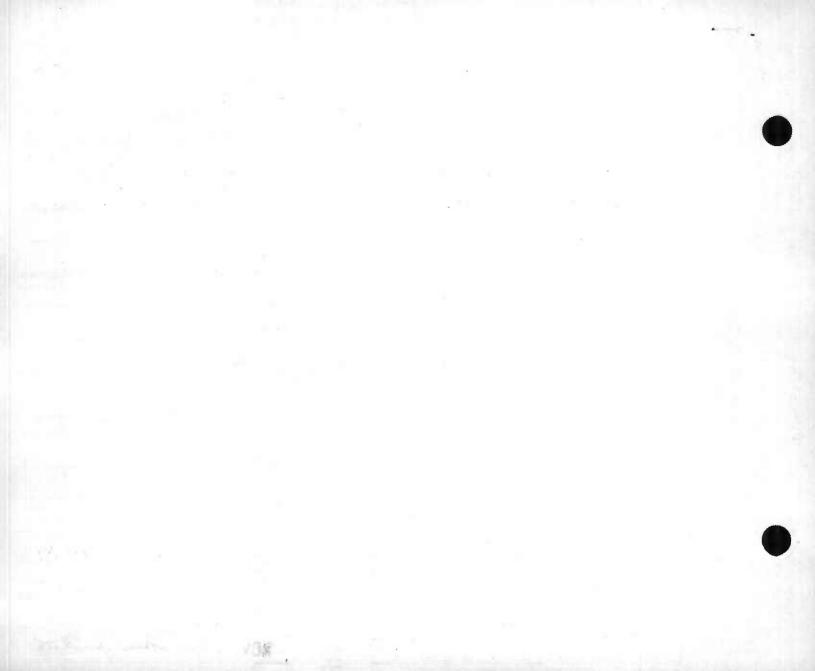
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	1	3. SE		4. RACE		5. DATE OF	BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HE	RS.
	(AA)		Male	White		Novem	ber 20,1896	84 yr	MONTHS DAYS HOURS MI	IN.
		7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Ohio	76. CITIZEN OF W	HAT COUNTRY	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COU BALTIMORE C		MD.
10	4 4/4	10 C	BALTIMORE BALTIMORE		PARITAL NURS	LADHOSPI	TAL TAL	120 USUAL OCCUPATION  (TYPOE WORK FOR POST OF WORK)	126 KIND OF BUSINESS OF THE INDUSTRIBUTE Railread	OR d
AND 2126	fulled in the court of the cour	13a	AL RESIDENCE (# NURSING HOME O STATE 13B COU MD		Baltim	WN  1:	3d. INSIDE CITY LIMITS? YES XX NO	13e. STREET ADDRESS 701 W 37th St:	reet	
RYL	1 22	14 F	ATHER'S NAME FIRST	MIDDLE	LAST	1:	MOTHER'S MAIDEN NA	ME	LAST	
W.	# 16-3100		Joseph Freder				Helen Wal	dron		
MORE	pood of		MAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES?	717 07	0-1	Agnes F. Ga	ADDRESS	Dame Ave 21093	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAI	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate by the hospital or ottending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion should be detached for use as the burial-transit permit. Then please remove corbiningues with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove many the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removed.	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  CACALOTY  19a DATE OF OPERATION  21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHITE NOT WHITE AT WORK  22a I certify that (I) (this hosp sow the deceased alive a obove, (I) (we) (did) (did in 22b. SIGNARURE  22d. PHYSICIAN'S NAME (TYPE	DUE TO, OR  (b)  DUE TO, OR  (c)  CONDITIONS CON  THE PORT OF THE	AS A CONSEON AS A	DEATH-BUT NO DEATH-BUT NO DAY YEAR 19 E FARM ETC) DEATH-BUT NO DAY YEAR 19 E FARM ETC) DEATH-BUT NO DAY	WAS PERFORMED  WAS PE	200. AUTOPSY?  YES NO PINCE  YES NO PINCE  YES NO PINCE  YES NO PINCE  CITY OR TOWN  CITY OR TOWN  deoth occurred on the dote and  MEDICAL STAFF  DIRECTOR PHYSICIAN PINCE  MIALL STAFF  DIRECTOR PHYSICIAN PINCE  MIALL STAFF  DIRECTOR PHYSICIAN PINCE  MIALL STAFF  MI	VES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO	lost
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BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	10.				
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3. SE	$^{ imes}$ M $^{ ext{ALE}}$		1. RACE COV	'ASIAN	5. DATE C		6. A	GE (IN YEARS LAST B		UNDER LYFAR	IF UNDER 24 HRS HOURS MIN.		
M	IRTHPLACE (STATE OR F COUNTRY) ARY LAND		USA	WHAT COUNTRY?	MARRIEI WIDOWE	D DIVORCED		Balt	TIMORE CITY OR COUNTY OF DEATH				
В	ALTIMORE		(IF NOT IN SUC	SINDL I	DOORESS!	OR OTHER INSTITUTION		USUAL OCCUPAT PE OF WORK FOR MOST RETAIL	OF WORKING LIFE)	INDUSTRY SA	ALES		
13a. S	ARYLAND	13b COUN	BALTIMORE YES XX NO (13. STREET ADDRESS HTS.					APT. HTS. A	3-F VE. #	<sup>‡</sup> 21215			
	ATHER'S NAME ALVIN			RIENDLICH		15. MOTHER'S MAIDEN BELI		WIDDLE		WATERÑ	MAN		
160 \	WAS DECEASED EVER YES, NO OR UNIONN)		MED FORCES? E WAR OR DATES)	215-18-7		17 INFORMANT 6503 PARK	MRS.		R. FRIE		21215		
	PART I. DEATH W	AS CAUSE!	ly ane cause per D BY: E CAUSE (a)	-	SXLIV2	alertra si	of his	Imll		BETWEEN	CIMATE INTERVAL ONSET AND DEATH		
	Conditions, if any, gove rise to imm	nediate	DUE TO, OI	R AS A CONSEQUE	NCE OF								
	couse (a), stotin underlying cause PART 2 OTHER SIGN	last.	(c)	R AS A CONSEQUE		NOT RELATED TO THE 1	TERMINAL	DISEASE OR CON	IDITION GIVEN	IN PART 10	01		
TION			~										
CERTIFICATION	19a DATE OF OPERAT	43			OPERATIO	N WAS PERFORMED	Y	ES NO	YES	NG CAUSES	NGS USED S OF DEATH?		
MEDICAL CE	210, ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEA	P./	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OC	CURRED	(ENTER NATURE OF IN)	JRY IN ITEM 18, PAR	1 OR PART 2}			
MED	WHILE NOT WHAT WORK AT WORK	ILE [7]	21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA		21f. LOCATION STREET	21	CITY OR TO	OWN	COUNTY	STATE		
	220.1 certify that (1) saw the de- abave, (1) (6		1 11/2	deceosed from		d that in (my) (our) api	nion death	to	late and hour o				
V	22b. SIGNATUR	3/5	· M	7		ATTENDIN PHYSICIA		EDICAL STA		22c. DATE	24/81		
	BIA PHYSICIANS NA	itter	S. V	latters			rayda		Rolfo	, Wg	21207		
	BURIAL, CREMATION, (SPECIFY) BURIA		OCT. 2			HALOM MEM.	PAR K	REISTERS	STOWN B	ALTO.	STATE MD		

DHMH-16 30M 2/80 (VRA 15, 4)

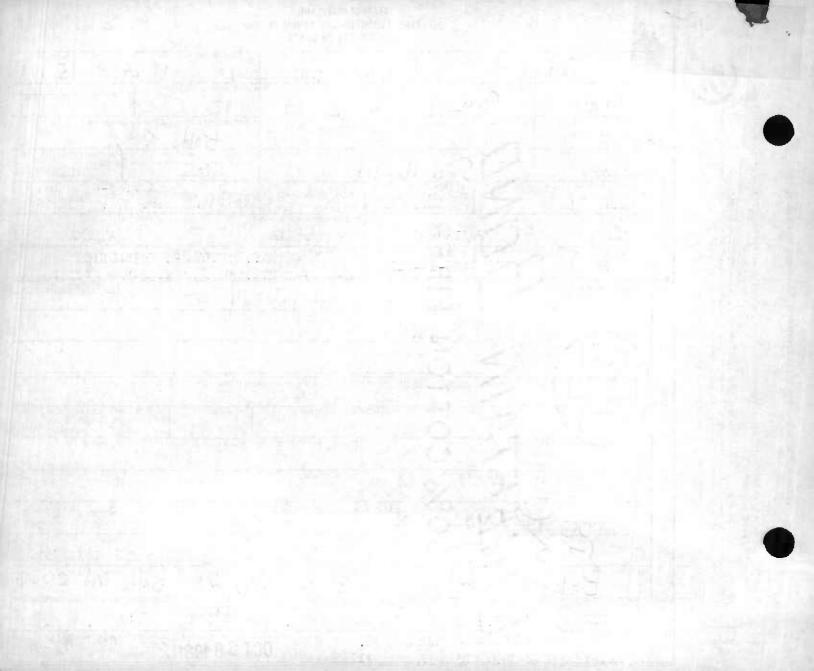
6010 REISTERSTOWN RD

24 FUNERAL DIRECTOR

SOL LEVINSON & BROS., INC. BALTO. MD 21215 1. PARK XANDXX BALTO.

1250 DATE REC'D. BY REGISTRAR 250 REGISTRAR & SIGNATURE

OCT 28 1981 Transcent



STATE OF MARYLAND

	FOR STATE REGISTRAR		DEPART		ICATE OF	MENTAL HYG DEATH	IENE O REG. N	10	2	Ü	7 1
1	1. DECEASED NAME	FIRST	MIDDLE	l	AST	100 May 20	20 DATE OF DEATH	MONTH	DAY Y	EAR 2b	HOUR
	(TYPE OR PRINT)	BERNICE	E.	F	RISBY			10	28	81 /	105 A
	3 SEX	4 RACE	118 33 724	5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER		UNDER 24 HRS
1	FEMALE	Black		2 MONTH	24	1911	70	YRS.	MONTHS.	DAYS H	OURS MIN.
-	Je BIRTHPLACE (STATE OR FO	DREIGN 76 CITIZEN OF	WHAT COUNTRY	? 8	D NEVER		9. BALTIMORE CITY		Y OF DEA	rH	
5	Md	USA		WIDOWE		NORCED T	BALTIM	ORE	CITY		AA
7	10 CITY OR TOWN OF DEAT		HOSPITAL, NURSI	NG HOME C	- Land		12a USUAL OCCUPAT	ION	12b K		SUSINESS OF
	Baltimore	141	7 N. PO		ST.		TYPE OF WORK FOR MOST	OF WORKING	HEE INDU	STRY	
7	USUAL RESIDENCE (IF NURSIN	NG HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR		A 124 INICIDE	TITIV I I I I I I I CO	In capera apprece				
2	Md	IBB COUNTY	Baltimor		13d INSIDE O	NO [	13e STREET ADDRESS 1417 N. P	otama	c Str	reet	
	14 FATHER'S NAME				15. MOTHER	S MAIDEN NA	WE				
9	Unk	MIDDLE	LAST		Kate	FIRST	WIDDLE	P	skins	LAST	
1	160 WAS DECEASED EVER I		16b. SOCIAL SEC	URITY NO.	17 INFORM	ANT	ADDR	ESS			100
	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	220-18-7	7661	Bernie	ce Barne	es 1417 N.	Potan	nac St	reet	
	PART I. DEATH WA	DUE TO, O	N 1 1 1	ation					BET	PROXIMAT WEEN ONS	E INTERVAL ET AND DEATH
	gove rise to imme couse (a), stating underlying couse	lost. DUE TO, O		treal			ith metasta				
	PART 2 OTHER SIGNI	IFICANT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PA	RT IIo	
	190 DATE OF OPERATION AND A PROPERTY OF THE PR		adjum	- Impl		DRMED	200 AUTOPSY? YES NO	IN CERT	S, WERE F IFYING CA ES	USES OF	
	OD CONTRIBUTION CA	RLYING 1216. TIME CHOUR A.	FINJURY M. MONTH D			IJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PA	RT 2)	
	(IF ETTHER NOTIFY MEDICA  21d INJURY OCCURRE  WHILE NOT WHILE AT WORK AT WORK	E TI (AT HOME STE	OF INJURY EET FACTORY, OFFICE,	FARM, ETC }	21f. LOCATE STREE		CITY OR TO	)WN	COUN	ſΥ	STATE
	saw the deceased	this hospital) attended the	10		t 18		to Oct 2	ote and ha	19 8 our ond from	n the cou	t (I) (we) los

ATTENDING MEDICAL STAFF
PHYSICIAN PHYSICIAN

22c. DATE SIGNED

NAME (THE OFFENT)

22e ADDRESS

Universit

GORALSKI 23g BURIAL, CREMATION, REMOVAL (SPECIFY Burial 23b DATE 11/2/81

23c NAME OF CEMETERY OR CREMATORY Md Nat Memorial Pk

234 LOCATION Laurel

Md COUNTY

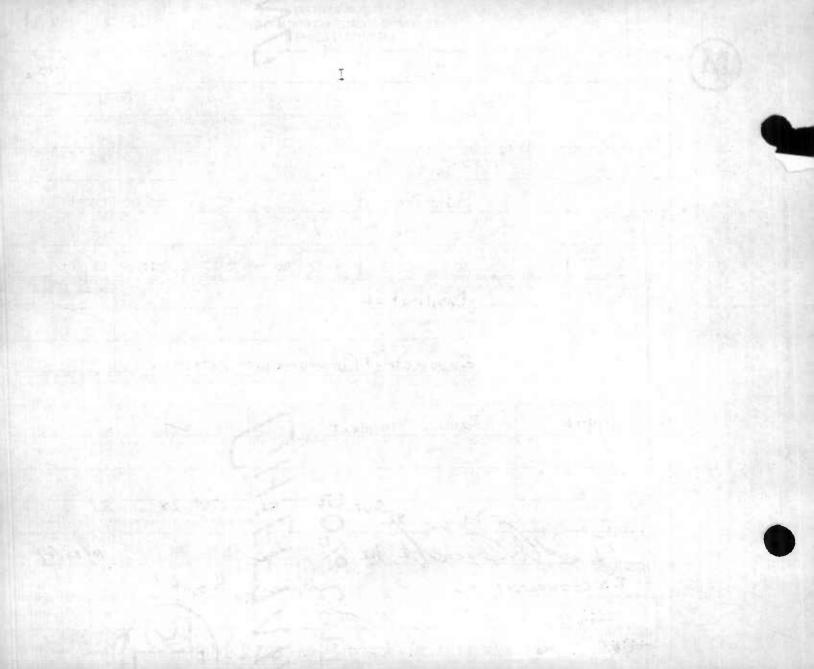
STATE

MPORTANT: If Item 21 is marked or Item 18 shows any

24 FUNERAL DIRECTOR F/H 1101 E. NORTH AVE.

250 DATE REC'D. BY REGISTRAR 256 REGIST.

DHMH-16 50M 1/81 (VRA 15, 4)



Baltimore, Maryland

FOR

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc.

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h. HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

NO [

STATE

COUNTY

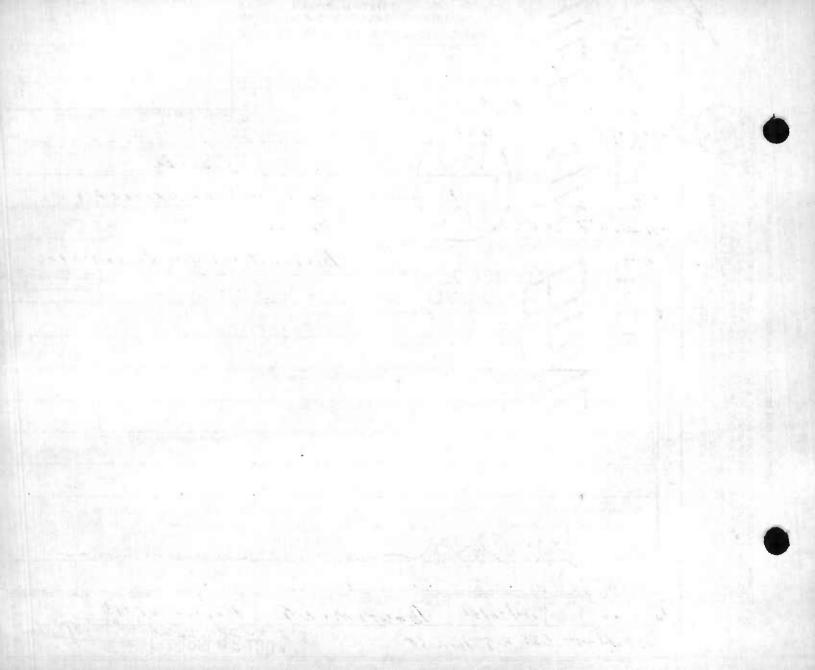
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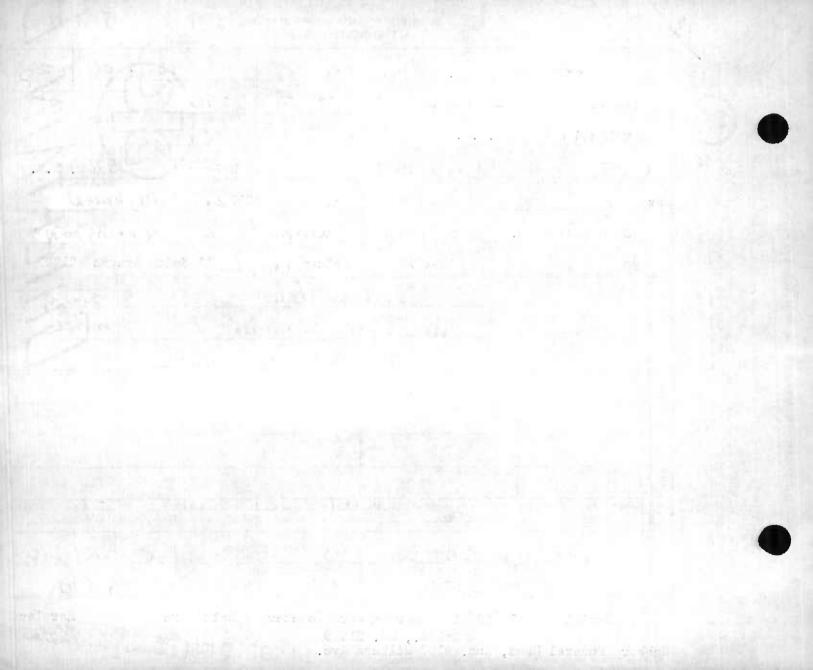
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22r. DATE SIGNED

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	ed a description of the second of	121121	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DATE KNOWN DECEASED NAME (TYPE OR PRINT) ESTI-81 DEATH MATED **FULLWOOD** MELVIN 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED 0:01 81 62 DEAD male nearo Th. CITIZEN OF WHAT COUNTRY? THE BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY JACTE MJ WIDOWED DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126, KIND OF BUSINESS) OR INDUSTRY BONER University Hospita Baltimore ND 2 SHOULD B USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 130 STREET ADDRESS
4119 RECKKIEGO AVE 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME BERTNA MELVIN MIDDLE ED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AN HEALTH AND MENTAL HYGIENE, DIVISION OF IL, CREMATION, OR REMOVAL. 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) BERTHA KESES 4119 ROCKAIGED BUE NU APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple qunshot wounds (unspecified weapon) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION RWARDED TO THE CHIEF M IF PAGE 3 SHOULD BE USED A STATE DEPARTMENT OF HEA 7, 21201 PRIOR TO BURIAL, C 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY? YES V NO T 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR X MYMONTH DAY YEAR UNDERLYING WOR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 10-23- 1981 Subject shot 21e PLACE OF INJURY (AT HOME. 211 LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) COUNTY STATE WHILE AT WORK AT WORK parking Balto Md lot George St TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA FFEE DATH, WITH THE ST BALLIMORE MARYLAND, 2 Autapsy X 27a I certify that I taak charge of the remains described above, held an Inspection and in my apinian Hamicide X Undetermined manner death resulted fram-Natural causes Suicide TITLE (SPECIFY) ACTUAL DATE SIGNED 10-24-81 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn St. Ann M. Dixon. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE rimunk 1900 STATE PLTIMONS URIBL 250. DATE REC'D. BY REGISTRAR 1250 REGISTRAR'S SIGNATURY LETTER. 24 FUNERAL DIRECTOR My Pdd -y 638 3 1 goress/min St **DHMH-17** (VR A15 ME (5)) 15M 2/80





- STATE

(VRA 15, 4)

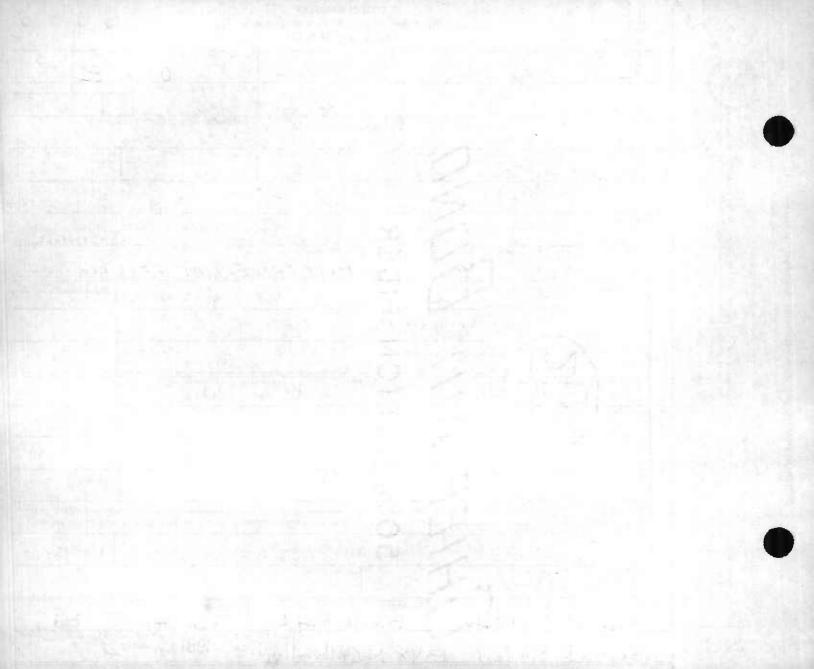
REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

THE DESIGNATION OF THE PARTY OF THE RESERVE AND THE PARTY AND admit t. Chestef H. 1281 C Howard ST , Sall 6 

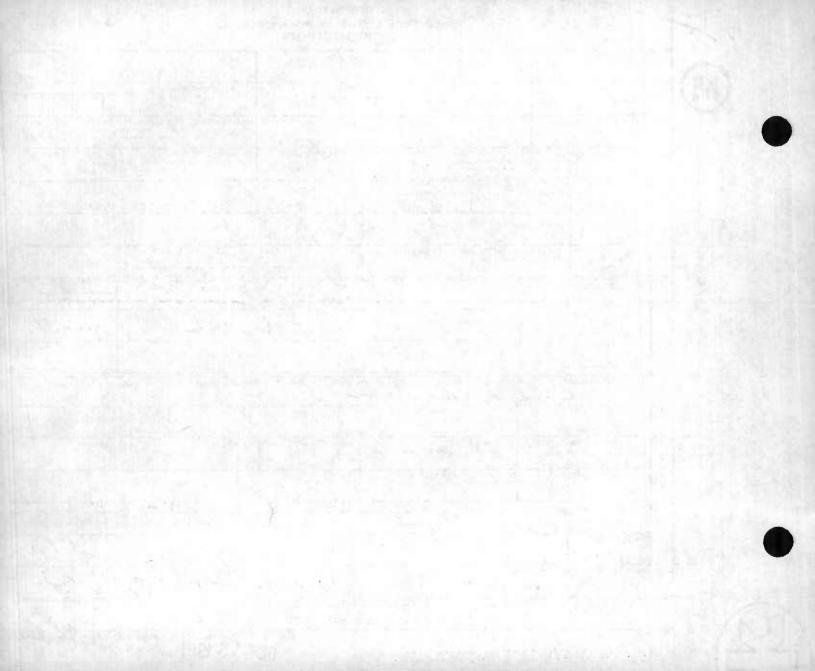
		FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA	L HYGIENE &	2539
(	-	STATE REGISTRAR	CERTIFICATE OF DEATH		
		CEASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH MONTH	70
(1		Henriet		~ 10	2 81 2
	3. SEX		5. DATE OF BIRTH MONTH DAY, YEAR	/ / / /	MONTHS DAYS HOURS
		RTHPLACE (STATE OR FOREIGN	D 14 04	9. BALTIMORE CITY OR COL	RS DEATH
3		COUNTRY)	CITIZEN OF WHAT COUNTRY?		0.1
o p	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION		12b. KIND OF BUSINESS
A Steed	B	2140 Citu	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	O. RELIE	
pe	USU/	AL RESIDENCE (IF NURS) AE O			
35	100	nd.	BOITO, YES NO [		ar Grove
nine.	14. FA	THER'S NAME	IDDLE LAST IS. MOTHER'S MAIDE		LAST
3500		Levi	Snowden Hang	24	Shorter
medica		VAS DECEASED EVER IN U.S. AF	WAR OR DATES)	ADDRESS	
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oval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	one couse per line fo(to), (b), ond (c).	eur Facheure	APPROXIMATE INTERV. BETWEEN ONSET AND DI
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10-275		Company C May 2 September 1

1	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE S	3 0 7 0
	DECEASED NAME FIRST AUTH	IUR R.	GALE		/81 Zb HOUR
M) 3.5	MALE	4 RACE black	5. DATE OF BIRTH 26°AY 1910°	6 AGE (IN YEARS LAST BIRTHDAY) 70 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS MOURS MIN.
35	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT	
1//	ALTIMORE CITY	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 2313 LORRETTA		12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126 KIND OF BUSINESS OR
0 US	UAL RESIDENCE (# NURSING HOME OI STATE 136 COUI	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) 13d INSIDE CITY LIMITS	13e. STREET ADDRESS 2313 Lauretta	Avenue
SAL	FATHER'S NAME FIRST Arthur	MIDDLE GALEST	15. MOTHER'S MAIDEN	MIDDLE	LAST
e medica	WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN)   I IF YES. GI	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) NONE		ADDRESS  E 2313 LAURETTA A	VE.
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n 21 is m	saw the deceosed al warm above, (I) (we) (did) (did in	view the bady after death.	, and that in (my) (our) opinion	on death occurred on the date and hou	19, that (I) (we) lost ur and from the couses stated
ZT: # hear	manurature Le	una porta	DEGREE ATTENDING PHYSICIAN		10/5/9
WITH THE STORM	224 PHYSICIAN'S NAME CHECK	VINIAN	220 ADDRESS MILLES S	tr Hesphel B	ello. Med
230	BURIAL, CREMATION, REMOVAL ISPECIFY) Burial	23b. DATE 23c. N 10/14/81 A	NAME OF CEMETERY OR CREMATOR Arbutus Mem Park	Arbutus	COUNTY Md (ATE
/81 24.	W.C. MARCH F/H	1101 E. NORTH AV		OCT 13 1981	TRANS NATIONAL

STATE OF MARYLAND



STATE OF MARYLAND

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	188	REGISTRAR		M	EDICAL EX	AMINER	'S CERTIF	ICATE O	F DEAT	TH	REG. NO	-1			
		1. DECEASED NAA (TYPE OR PRINT)	AE FIRST		MIDDLE	141 [4]	LAST		2	DATE KN	NOWN X	MONTH	DAY	YEAR	2b. HOUR
1000	PLEASE UR FILES. HOURS STREET,	(	Rober	t Boy	nton		Gardn	er	7 10	OF I	ATED	9	30	981	
	PLEASE CCTOR FILES HOUR	3. SEX	4. RACE	5. DATE OF BIRT	H YEAR		IF UNDER 1 YR		24 HRS. 2	DATE		MÖNTH	DAY	YEAR	15:30
	SAME	Male	White	Feb.11		67 YRS.	MONTHS DAYS	HOURS	MIN. P	RONOUNCI DEAD	ED	9	30	1891	D. M
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		FOREIGN COUNTRY		U. S.		W	DOWED [	DIVORC	ED 🗆		Itimo				MD.
	200000	10. CITY OR TOWN		11. NAME OF HO	FACILITY, GIVE STREET	ADDRESS)			TapPers	AL OCCUPA	TION (TYPE)	DF WORK	12b KIN	D OF BU	SINESS
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STO	AOV AOV	> 81-	30	DUE TO, C	OR AS A CONSEC	QUENCE OF									
gr.	A A N KEY		ans, if any, which	(b)	No.		811.5								
3	OR TREE	cause (c	a) stating the <u>under</u>	DUE TO, C	R AS A CONSEC	DUENCE OF									
201	ON, SAL	lying co	iuse iast.	(c)											
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF AN EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RET TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURBLA. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITALREC BALTIMORE, MARYLAND, 21201 PRIOR TO BURRIAL, CREMATION, OR REMOVAL.		SIGNIFICANT CONDITIONS	CONTRIBUTING 10 DEAT	IN BUT NOT RELATED T	TO THE TERMINAL	OISEASE OR CONOIT	TION GIVEN IN PAI	RT 1 (a).						
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	A D B E E	EXAMINER'S	INT) Vir	ginia L.	Dolan,	M.D.	ADDRESS	. 11		n Str	eet				
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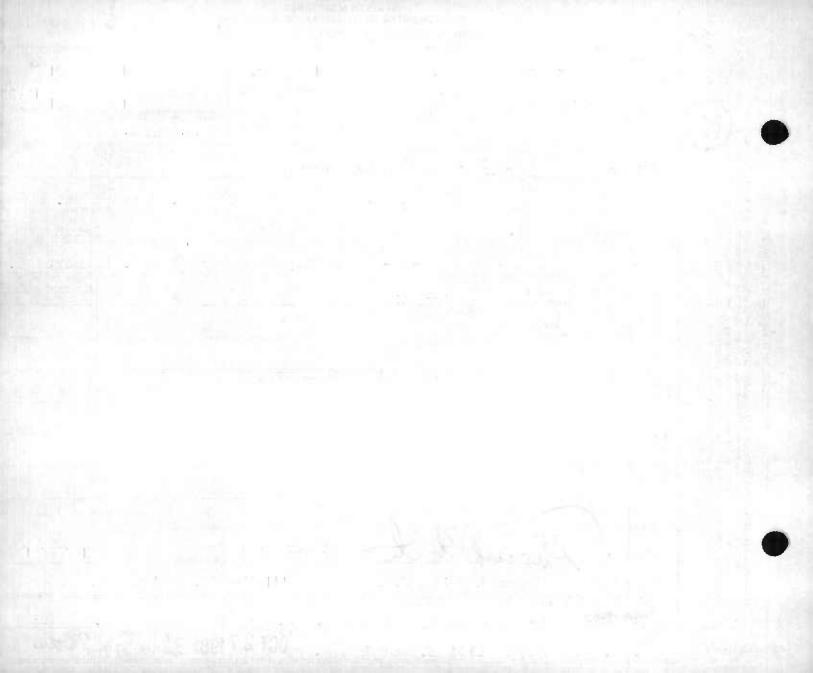
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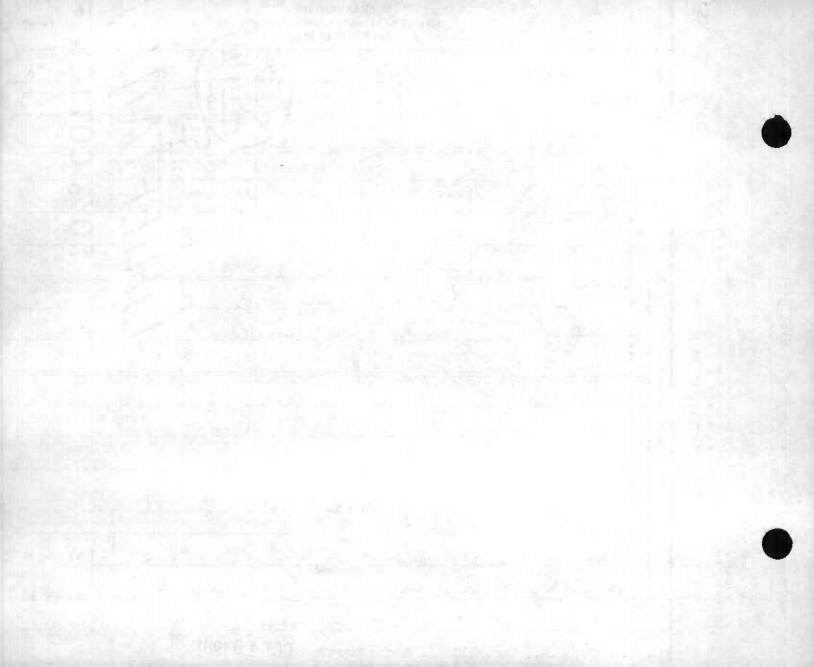
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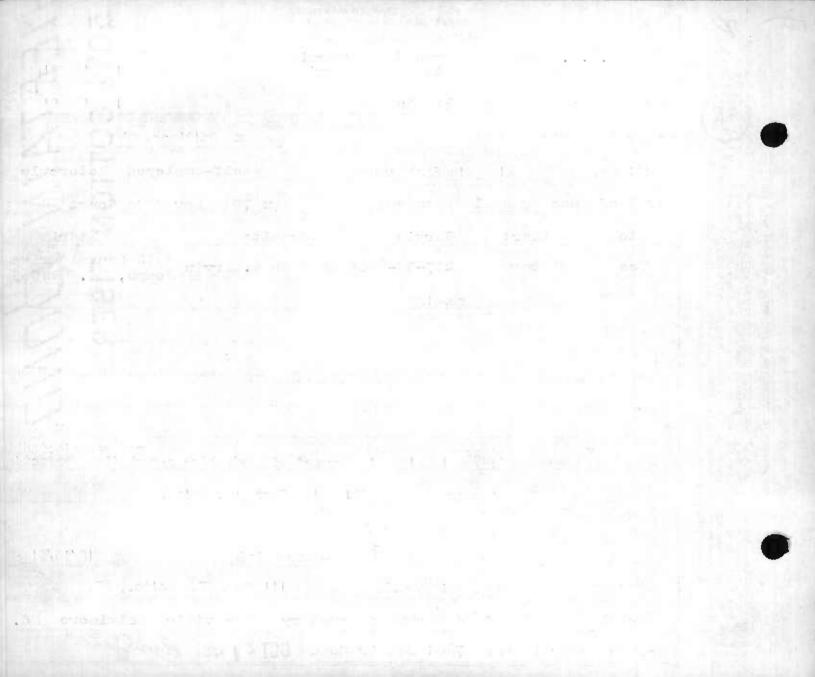
			FOR			DEPARTMENT	STATE OF A		TAL HYGIEI	NE I	9	5 4	0	u
	2		STATE REGISTRAR		ME	DICAL EXA	MINER'S	ERTIFICA	TE OF DE	ATH	REG. NO.			•
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- L		3 SEX	X	4. RACE	S. DATE OF BIRTH			IDER 1 YR. IF U	INDER 24 HRS	. 2c. DATE		AONTH DAY	YEAR 2	d HOUR
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400	RELEASE )	70. B	RTHPLACE (STA		76. CITIZEN OF W		8. MARR	ED NEVER	MARRIED [	9. BALTIMO	RE CITY OR	COUNTY OF DE	ATH	
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2	WITH FORM PM 3 RETAIN PAGE  WITH FORM PM 3 RETAIN PAGE  T. PAGES I AND 25HOULD BE FILED  DIVISION OF VITAL RECORDS, 2011, 28-210  STREET,	10. C	ITY OR TOWN	OF DEATH		SPITAL, NURSING		ER INSTITUTION		SUAL OCCUPA			OF BUSIN	NESS
2		Ba	Itimore		rear o		aryland	Avenue		A MOST OF WORKIN	(O [IFE]		-DOURT	
10	ORD STATE		AL RESIDENCE (	IF IN NURSING HOME	OR OTHER INSTITUTION, G		(DMISSION)	13d. INSIDE CITY LI	MITS2   13e ST	REET ADDRESS				
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BALTIMORE	NS S PAC	16a. \	WAS DECEASED	EVER IN U.S. AR	RMED FORCES?	16b. SOCIAL SE		17. INFORMAN			ADDRESS			
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	TEM 18. GIVE LONG WITH I PERMIT. PAG GIENE, DIVISIONAL.		18. CAUSE OF	DEATH (Enter or	nly one couse per line	e for (o), (b), ond (	:).)		3.400	-11/9/			OXIMATE IN	
PRESTON ST.	AL. AL.		PARTIDE		ATE CAUSE (o)	Cirrhos	is		1132					
ESTO	AND		0//	3		R AS A CONSEQUE	NCE OF							
	NCIL IN NCIL IN NNER A IRANSII VTAL HY	-	gove rise	s, if ony, which e to immediate	e (b)	100		44		100				
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5, 201	NG" IN PERCENT IN PERC				( (c)									
DIVISION OF VITAL RECORDS,	DECUTE THE CREMENTER: THIS CENTIL AT STATE OF THOSE PROPERTY OF THE CREMENT OF THE ASSETT OF THE CHARLES OF THE CREMENT OF THE CHIEF MEDICAL EXAMINER ALONG WE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WE PER UPPER DEATH, WITH THE STATE DEPARTMENT OF HEATH AND MENTAL HYGIENE, DEATH WITH THE STATE DEPARTMENT OF HEATH AND MENTAL HYGIENE, DEATHWORE, MARYLAND, 21201 PRIOR, TO BURIAL, CREMATION, OR REMOVAL.	2	PART 2 OTHER SIG	INIFICANT CONDITIONS	S CONTRIBUTING TO OEATH	BUT NOT RELATED TO T	HE TERMINAL DISEAS	E OR CONDITION GIVE	EN IN PART 1 (a)					
2 K	- CAA A A A	CERTIFICATION	196. DATE OF	OPERATION	19b. COND	TION FOR WHICH	OPERATION W	'AS PERFORMED	)?			20 AU	TOPSY?	
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NOF	\$ 100 E		UNDERLYING	OR IG CAUSE OF		A. MONTH DAY	YEAR							
OISIN	PRICEPAL	MEDICAL	21d INTURY O	CCURRED	21e PLACE	OF INJURY (AT HE	OME, 21f LC	CATION						
NO S	SOLD SOLD SOLD SOLD SOLD SOLD SOLD SOLD	¥	WHILE AT WORK	NOT WHILE	STREET, FAC	TORY, FARM, ETC.)		STREET		CITY OR TOWN		COUNTY		STATE
	E HIS RWARI PAGE STATE ), 2120				1	- 4 1 4 1 1		sy X. Ins		т. Г	7			
	EXAMINER: CERTIFICATE JID BE FOR DIRECTOR: WITH THE WARYLAND,		22s. I certif	/	of the remains de		1		spection	Inquiry L		n my opinion		
	REC BE		death resulte	71	The consent	Accident .	Suicide L	, Homicide		etermined moni	ner,			
			ACTUAL SIGNATURE_	U	mark	1 Zm		Deputy	Chief.	DICAL EXAMIN	150	DATE 10	/26/8	31
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	EXECUTE THE PAGE A SHOULD FOR EXECUTE THE PAGE A SHOULD FOR EXALIMORE, WE BALTIMORE, N		EXAMINER'S IN	VAME T	Thomas D.	Smith, M	.D.	ADDRESS	III Pen	n St.	Balto.	, MD.	7.00	
	BADER -	23a. B	URIAL, CREMAT	ION, REMOVAL	23b DATE	23c. NAME C	OF CEMETERY C		236. 1	OCATION Y OR TOWN		COUNTY	STATE	
	BP	L	Crema	tion	10/27/8	1 West	view M	em. Pk		Baltim	ore	Co.	MD	
1200												00.		
1205	DHMH-17	24. F	UNERAL DIREC	TOR	ADDRES					Y REGISTRAR		TAR'S SIGNATUR	other	



8	1 -	FOR STATE REGISTRAR			DEPAR	TMENT OF I	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 3	2.	5 9 6	) 2
		E ASED NAME	FIRST	MIDE	DLE		LAST	2a. DATE OF DEATH		DAY YEAR 2b H	OUR
death		(3	5214			Gara	rec		10	15 81 8	10 P
Pours Affect	3. SEX	Male	4. 1	Blac	K	S DATE (	DAY 1902	6. AGE IN YEARS LAST BI	YRS.	IF UNDER LYEAR IF UN	DER 24 HRS RS MIN.
C E 16		THPLACE (STATE OR FO		CITIZEN OF WH	IAT COUNTRY	? 8 MARRIE WIDOW	DIVORCED	Balto		OF DEATH	MI
38		1 timore		OF NOT IN SUCH EA	ACILITY, GIVE STREE	T ADDRESS)	nd Hospital	12a USUAL OCCUPAT		126 KIND OF BUS INDUSTRY	INESSOR
35	Mar	yland	HOM OROTH ISD COUNTY Baltin	TT. PT 113	E RESIDENCE BEFO		13d. INSIDE CITY LIMITS? YES NOX	13e STREET ADDRESS 306 Kess C	ircle,	Glen Bur	nie
020		THER'S NAME PIRST  Charlie	MIDI	-	mer LAST		Mary	AME Jean		McNeil	
2 medical		AS DECEASED EVER IT	N U.S. ARME	D FORCES? 16	SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS	1 1 0	
and A		No	11 1ES. 011E W	2	14-02-6	5055	Mrs. Mable C	arner 306 K	ess Ci	rcle	
rial, cremation, ar		Conditions, if ony, gove rise to imme couse (o), stoting underlying couse	ediote 1 the S lost	DUE TO, OR A  b)  DUE TO, OR A	S A CONSEON	OP/100		pinomia		58	
ws any injury,	CERTIFICATION	9a DATE OF OPERATION					NOT RELATED TO THE TERM	AIN AL DISEASE OR CON	20b. IF YES,	WERE FINDINGS US	SED
haws	RTIFI							YES NO	YES	ING CAUSES OF DE	
-		21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	AUSE OF DEATH	216 TIME OF IN HOUR A.M. P.M.	NJURY MONTH (	AY YEAR	21¢ HOW INJURY OCCUP	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT ( OR PART 2)	
orkedor	MEDICAL	21d INJURY OCCURRE WHILE AT WORK AT WORK		21e. PLACE OF (AT HOME STREET		FARM, ETC.)	211. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
E S E		27a I certify that (I) (1 sow the deceased above, (I) (we) (did				8 ( , 0	nd that in (my) (our) opinion	death occurred on the de	ote and hour		) (we) lost stoted
3 2							DEGREE			22c. DATE SIGNE	D
NT: If Hem 2		226 SIGNATURE	lux	8. Fr	nolse	& m		MEDICAL STAI	IAN X	10/13	5/85
WPORTANT:		120 PHYSICIAN'S NAM		g. Freel	nales		PHYSICIAN   22e ADDRESS	MEDICAL STAL DIRECTOR PHYSIC	IAN 🔀	. 1	5/85
with the State	73a. Bt	22d PHYSICIAN'S NAM	EMOVAL I	Free!	23ε.	2	PHYSICIAN   22e ADDRESS	DIRECTOR PHYSIC	IAN 🔀	10/13	
IMPORTANT:	<b>?3a.</b> Bt	22d PHYSICIAN'S NAM	EMOVAL I	Freel	23с.	NAME OF C	PHYSICIAN  27e ADDRESS  On Version  EMETERY OR CREMATORY  Vary Cemeter	DIRECTOR PHYSIC	ndel &	COUNTY NAME OF MARKET	STATE

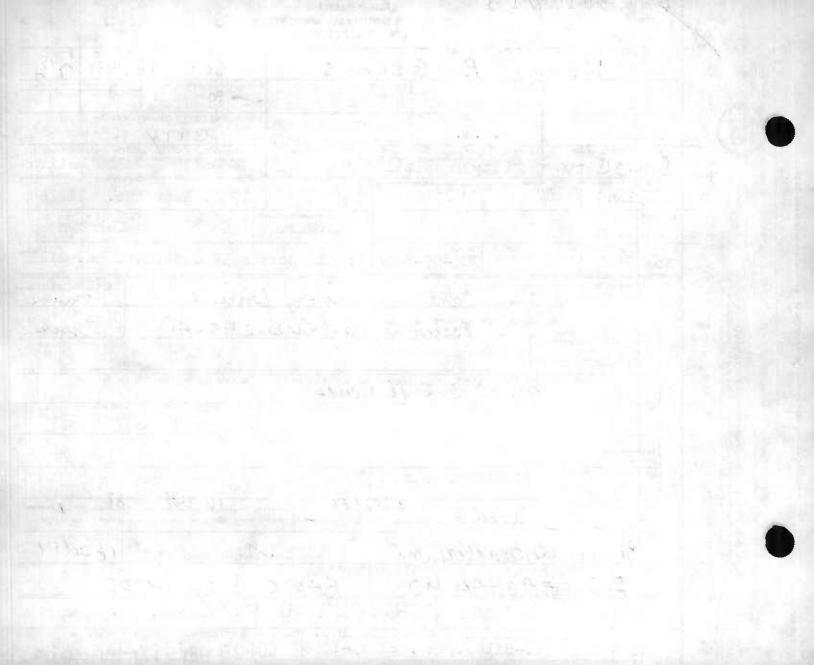


3 ×	FOR STATE REGISTRAR			DEPARTMEN	T OF HEAL		ENTAL H	1	Н	2 REG. NO.	5	7	0 3
FASE TTOR. WES. WET,		MEK.A. FIRSTO 2 Raym	tto	Raymon Otto		Gärvi Garvin	n	20.	DATE KN	NOWN X	MONTH 10	16 <sub>19</sub>	YEAR 26. HOUR
PEA PEA PEA PEA PEA PEA PEA PEA PEA PEA	3. SEX Male	4 RACE White	5. DATE OF BIRTH MONTH DAY	YEAR LA	GE I IN YEARS IF IST BIRTHDAY) MO	UNDER 1 YR.	IF UNDER 2		DATE ONOUNC DEAD	ED	MONTH 10	17 <sub>19</sub>	YEAR 74 HOUR 12:25
	70 BIRTHPLACE FOREIGN COUNTR Central	(STATE OR	76. CITIZEN OF WH	IAT COUNTRY?	8. MAI	RRIED   NEV	VER MARRIE DIVORCE	ED 🔲 📗		more	COUNTY		
MD. 21201 HI. IF ANY DELV SAN TI. 2. AND 310 HERM M. 3. RETAIN PAGE 20 SHOULD BE PIED TO SHOULD BE PIE	10. CITY OR TOW	N OF DEATH	II. NAME OF HOSE (IF NOT IN SUCH FACE 2 1 0 0 B	IK Fort	HOME, OR O			12a. USUAL	OCCUPA	TION (TYPE C	OF WORK 12	OR IN	OF BUSINESS DUSTRY CYLE
F ANY E AND 3 HOULD SHOULD RECORD	Marylar	nd Anne	or other institution, giv NTY Arunde1	13c. CITY OR T	OWN	13d. INSIDE CI YES 🗌	NO 🔀	13e STREET 7910		v Tid	e Co	urt	
ORE, MD DEATH. I DEATH. I AND 28 OF TAIL	Otto		bert	Garvi		F	er's maider uani		MIDE	ADDRESS		Mad:	ria
T., BALTIMORE, MI URS AFTER DEATH 18. GWE PAGES 1, WITH FORM PM MIT. PAGES 1 AND 2	Yes, no. or unk	Vie	tnam	217-3	8-4909			A.Gar	vin	1612		d.	Frive
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY EXECUTE THE CERTIFICATE, WRITING THE WORD." ENDING" IN PENCIL IN 1TEM 18, GIVE PAGES 1, 2, AND 8 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE VARIABLE TO SHOULD BE VARIABLE AS A BURIAL. TRANSIT PERMIT. PAGES 13 HOND 2 SHOULD BE VERY MAINT OF HEALTH AND MENTAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE VERY MAINT OF HEALTH AND MENTAL HYGIENE, DIVISION ON THE RECORD BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	7 83 Condit	DEATH WAS CAUSE	(TE CAUSE (a) DIE TO, OR (b) DUE TO, OR	for (o), (b), and POWN I NG AS A CONSEQUAL  AS A CONSEQUAL	JENCE OF							AT RO- BETWEEN	KMATÉ INJERVA. ONSET APO DI ATH
ECORDS,  BE EXECT ENDING" WEDICAL I AS A BUR ALTH AND CREMATIC			(c)					T Tea.					
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DIV DIV THIS CE WARDE PAGE 3 STATE DI	WHILE AT WORK	NOT WHILE [	STREET, FACT	ORY, FARM, ETC.)	21	A-1-1	Fort		Ba I †		COUN	TY	MD.
AL EXAMINER: HE CERTIFICATE HOULD BE FOR HALD IRECTOR: TH, WITH THE SE, MARYIAND,	death resu ACTUAL SIGNATUR	Ited from: Natu	ge of the remains described causes	Accident A	Suicide [	opsy X, Homici TITLE (SI M Dep U1		Undeterm	Inquiry L	ner .	DATE		8/81
MEDIC RECUTE T AGE 4 SI P FUNER P FUNE	EXAMINER'	S NAME 7	Thomas D.			ADDRESS	Ш	Penn		Balto	. , MC	).	
BP	Buria		236. DATE 10/21/8		OF CEMETERY	emete:	ry		vill		alti		
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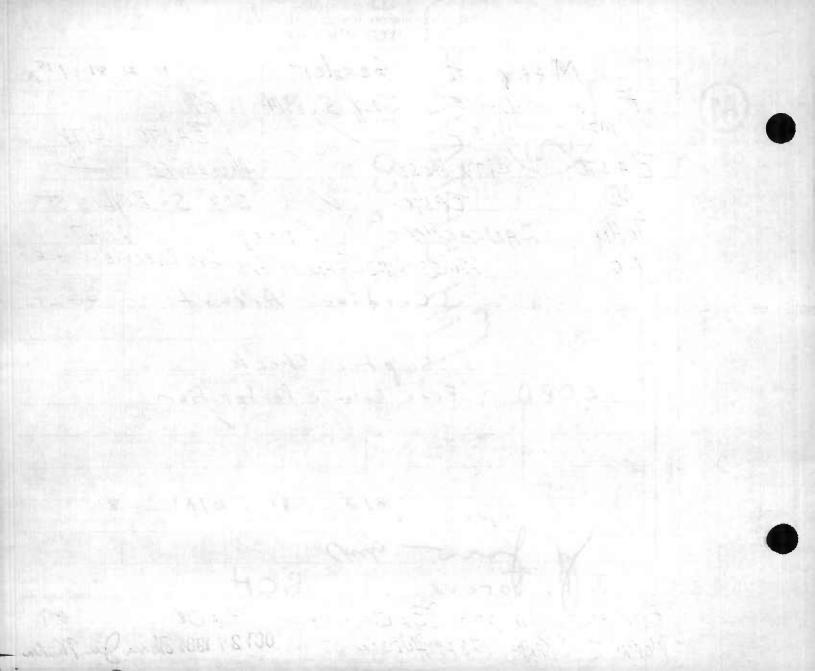


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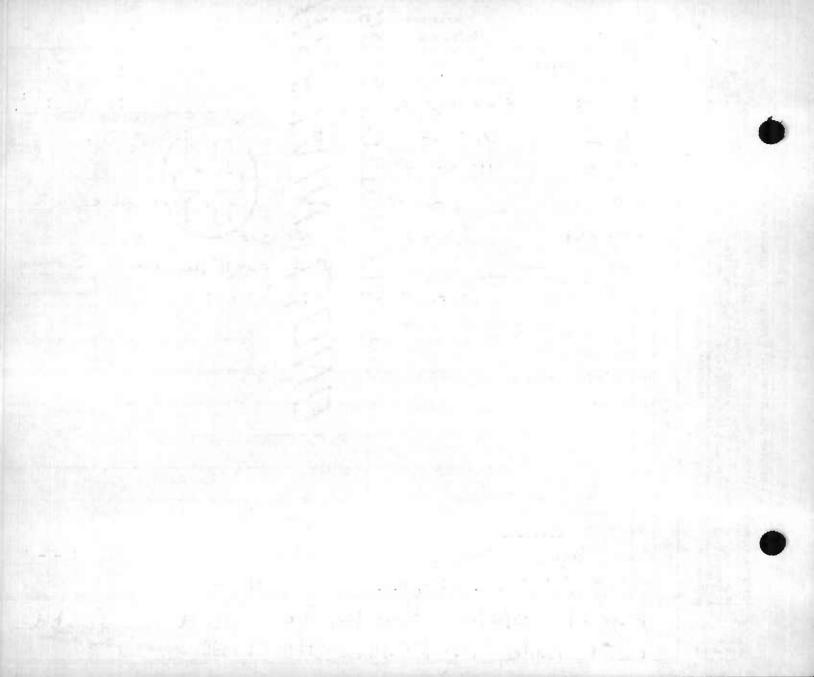
8-27.1816 85 SAUTIONER SINGE CHURCH HOSPITAL HOMEMANER HOME BALTO X 839 S. KENWOOLD AVE UNINABOUND MEMORPHICAL . No - 212.07-1700 Hu Mongard Brashana - 839 5. Hamsel Sugar 10-28-81 MORFLAND MENORINE BAKETO, MA Il mustel 4882 - My Mist



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR TYPE CREMINE 81 3. 5EX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 15 CONTON 7a BIRTHPLACE N OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED [ 10 CITY OF TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF MUSINESS OR CHEACILITY, GALESTREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY DUSEWI USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION O 113b. COUNTY 13d INSIDE CHY LIMITS? 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Ide. WAS DECEASED EVEN IN U.S. ARMED FORCES 17 INFORMANT THE HOUSE SHENOWING I IN YES, GIVE WAR DEDATEST 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate course (o), storting the DUE TO, OR AS A CONSEQUENCE OF underlying coune last. PART 7. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 CAT 194 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO | TI'M ACCIDENT WAS UNDERLYING: [ ] 21h. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I ORPART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING [ ] CAUSE OF BEATH CT EITHER, INCOME MIGDIC ALEXAMINER 214 INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) 27x I certify that (I) (this haspital) attended the deceased from sow the deceased alive on\_ & L, and that in (my) (aur) opinion death accurred on the date and have and from the causes stated above, (I) (we) (did) (did not) view the body after death 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 724 PHYSICIAN'S NAME THE OWNER 22e ADDRESS 73s BURIAL CREMATION, JENOVAL 23b. DATE 23C NAME OF CEMETERY OR CREMATORY 23d LOCATION DHMH - 16 50M 1781 (VRA 15, 4)

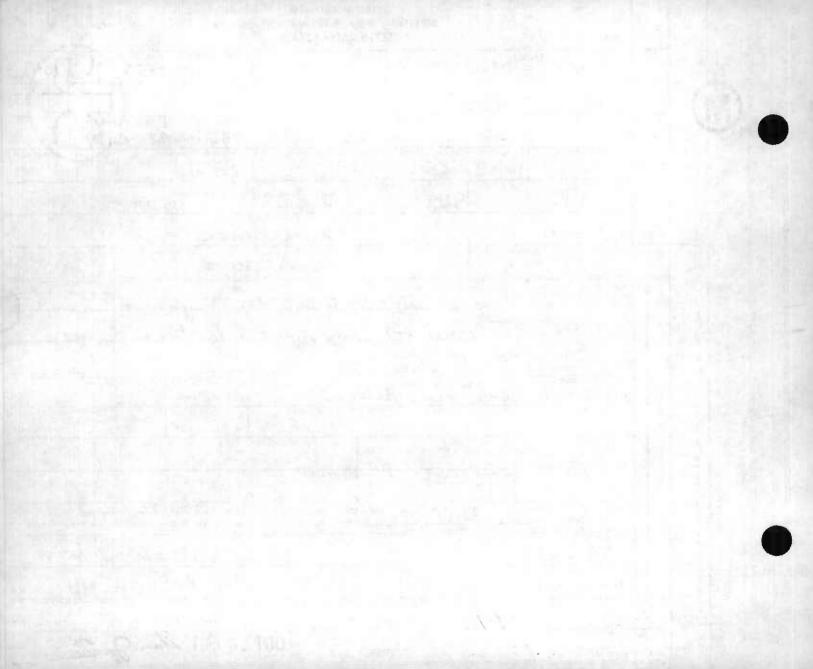


1	1	FOR		TE OF MARYLAND HEALTH AND MENTAL HYGIE	ENE 9	E 4 1 3
/	11-	STATE REGISTRAR		ER'S CERTIFICATE OF DE	EATH	3 7 0 0
		CEASED NAME FIRST	WIDDIE	LAST	REO: IVE	MONTH DAY YEAR 26 HOUR
Water 1	(TY	PE OR PRINT) WILLIE	B /	Cibbo	OF ESTI-	
30036	3. SE			GIbbs ARS   IF UNDER TYR.   IF UNDER 24 HR		10 8 19 81 N
FIVE	J. 5L.		MONTH DAY YEAR LAST BIRTHD	AYI MONTHS DAYS HOURS MIN.	PRONOUNCED	9.24
6000	-	Male   Black	8-3-05 76 VI	RS.	DEAD	10 9 19 81 a. M
HOSE SO		IRTHPLACE (STATE OR 7E OREIGN COUNTRY)	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED   NEVER MARRIED	9. BALTIMORE CITY OR C	
AND		N.C	U.S. H	WIDOWED DIVORCED	Baltimore	
A A GE PAGE THE PAGE	10 C		1. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		JSUAL OCCUPATION (TYPE OF OR MOST OF WORKING LIFE)	WORK 17b KIND OF BUSINESS OR INDUSTRY
JOS WAY	1	Baltimore	2111 Park Avenue		The state of the s	0.11.0001111
ANY DE SETAIN PERTAIN		AL RESIDENCE (IF IN NURSING HOME OR O	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIN	ON) 13d INSIDE CITY LIMITS? 13e. S'	TREET ADDRESS	
	1	Md-	Balto	YES NO D	TREET ADDRESS	que
O FORSTA	14. F.	ATHER'S NAME	1 272	15. MOTHER'S MAIDEN NAM	ME	
# E # 5 0 5 0 0	1	Morton	WIDDLE LAST LAST	Bassi	MIDDLE	LAST
N N N N N N N N N N N N N N N N N N N	160.	WAS DECEASED EVER IN U.S. ARMEI	D FORCES? 16b. SOCIAL SECURIT	Y NO. 17. INFORMANT	ADDRESS	
BALTIN BE AFTE WITH FO WITH FO DIVISION	()	ES, NO, OR UNKNOWN) (IF YES, GIVE WAI	R OR DATES)	Ruth Sewe	1150	Same
S S S S S S	-	18. CAUSE OF DEATH (Enter only o		Thank sewe	II Duncan	
ST. ST.		PART I DEATH WAS CAUSED B	one cause per line for (o), (b), and (c).)	4:- 04:	- D:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
VALE PROPERTY OF	10	11 79 - IMMEDIATE O		otic Cardiovascular	ruisease	
PRESTO THIN 2 THIN 2 THIN I THIN I THIN I REMOVE		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE	OF .		SAN THE RESERVE TO THE
	1	gave rise to immediate	(b)			
HW. FEN FEN FEN FEN FEN FEN FEN FEN FEN FEN		cause (o) stating the <u>under</u> - lying couse lost.	DUE TO, OR AS A CONSEQUENCE	OF .		
ECORDS, 281 PE EXECUTE PRODING: IN MEDICAL EX AS A BURIAL AND M CREMATION			(c)			
PROPERTY AND SECTION OF THE PR		PART 2 OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART 1 (a).		
ECOR ENDIN MEDIC AS A ALTH CREM	ĕ	DIVINE VILLATING				
PER	13	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPER	ATION WAS PERFORMED?		20. AUTOPSY?
OF VITAL IN ATE SHOUD IE WORD "TE ILD BE USED WENT OF HE TO BURIAL OF	MEDICAL CERTIFICATION					YES NO X
O B O B O B O B O B O B O B O B O B O B	1 8	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY	21c. HOW INJURY OCCURRED (ENTE	ER NATURE OF INJURY IN ITEM 18 PART	
N SHOOF S	N N	UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR P.M. 19			
DIVISION OF S CERTIFICATE RITING THE W RDED TO THE E DEPARTMEN OF PRIGRETO E	ğ	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME,	ZII. LOCATION		
S C S C S C S C S C S C S C S C S C S C	E	AT WORK AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
DIVISION OF VITAL REC RE. THIS CERTIFICATE SHOULD INTE. WARTING THE WORD "THE RWARDED TO THE CHIEF W R. PAGE 3 SHOULD BE USED A R. PAGE 3 SHOULD BE USED A E. STATE DEPARTMENT OF HEAD D., 21201 PRIGR TO BURIAL CO		AT WORK		1		
A A A A A A A A A A A A A A A A A A A		22a I certify that I toak charge o	of the remains described above, held an	Autapsy , Inspection XX	Inquiry L, and in	my opinion
EXAMNER CERTIFICA JLD BE FO DIRECTOR WITH THE		deoth resulted from: Natural o	couses X, Accident L, Sui	icide 🔲 , Hamicide 🔲 , Und	determined monner	
A WANTER		ACTUAL / I	80 1	TITLE (SPECIFY)		
¥#\$¥## <del>_</del>		SIGNATURE	Lholan 1719	Assistant _me		DATE 10-9-81
No. No. S.	-	EXAMINER'S NAME				
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM. TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		(TYPE OR PRINT) VIRG	inia L. Dolan, M.D.	ADDRESS	Penn Street	
INN FASTER	230.B	URIAL, CREMATION, REMOVAL 236.	DATE 230 NAME OF CEA	AETERY OR CREMATORY 23d	LOCATION ITY OR TOWN	COUNTY STAM
190/ BP		BURIA 1	10/16/81 King	Men PK	BARO	M
DHMH - 17	24. F	UNERAL DIRECTOR	ADDRESS	25a. DATE REC'D.	BY REGISTRAR 256. REGISTR	AR'S SIGNAL BUTTON
(VR A15 ME (5))	0	ervank. BAI	Les. 1318 N.CA	hom STT OCT 13	1981 Openico	June 1



1	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND HEALTH AND MENT FICATE OF DEAT		NE 8 1 2	5 4 0 9
	DECEASED NAME FIRSTUL  YPE OR PRINT)  PAUL	GIBSON	) MIDDLE		LAST		20. DATE OF DEATH MONTH DA	Zu HOOK
	MALE	4. RACE	E	5. DATE O		EAR		UNDER I YEAR IF UNDER 74 HRS.
1	BIRTHPLACE (STATE OR FOREIGN	USA	WHAT COUNTRY?	MARRIE		ED 🗌		FDEATH
8	ACTINONE	MENCY	HEACILITY, GIVE STREET	ADDRESS	OR OTHER INSTITUTION		20 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
13	SUAL RESIDENCE (IF NURSING HOME O a. STATE  13b. COU	R OTHER INSTITUTION NTY	SACTING	/N	13d. INSIDE CITY LIM		30. STREET ADDRESS	ST.
14	D.G. GIBSON	MIDDLE	LAST		15. MOTHER'S MAIL		YMER	LAST
160	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	16b SOCIAL SECU	JRITY NO.	17. INFORMANT	e / F	lorida	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NOIL	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OI  (c)  CONDITIONS CO	RAS A CONSEQUI LINER C RAS A CONSEQUI LOUISTAN DIVITRIBUTING TO	HF ENCE OF ACUIT DEATH BUI CLISH			Sufarction. L  LISE CASE  IAL DISEASE OR CONDITION GIVEN  1200 AUTOPSY? 1206. IFYES, N	
CEPTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME O		OPERATIO		20		
MEDICAL		ATH HOUR A. R) P. 21e. PLACE	M. MONTH D.	19	211 LOCATION STREET	OCCURRE	CITY OR TOWN	COUNTY STATE
	220.1 certify the lighth hosp to the decision of olive or above the decision of olive or 22b.	ot) view the body	2/8/ 19		DEGREE ATTEN	DING _	ath occurred on the date and hour of	nd from the couses stated  22c. DATE SIGNED
	22d PHYSICIAN'S PLAME (TYPE OF A PLEAT NET		ELEN, H.	٥.	220. ADDRESS 301 St.		L PL. BATTIMOX	¥,ND.
L	Burial, Cremation, Removal (SPECIFY) Burial				Cemetery or crem	ATORY	23d LOCATION CITY OR TOWN Charlotte, Nor	county STATE th Carolina
24 W	r. C. March F.H.	/1101 E.	North A	venue		OCT	2 6 1981 A 1981	S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)



- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

tall specific out that No. 12'2 | emilian your some man, it, loies liming face narial det. 5,1991 Lawrence confident factor to law long land Witchell-deceled none, inc. andims. id. always 1 . dwg . Algor

BP. DHMH-16 30M 2/80 (VRA 15, 4)

1 -	FOR STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8	2	5 9	11
DEC	CEASED NAME	FIRST		MIDDLE	t	AST		MONTH DAY	YEAR	26 HOUR
	OR FRINT)	Aaron	1		Gi lm	or	10-13-81			1:30Am
SE)			RACE	(2)	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
	MALE		WHITE		NO	V. 25, 1909	71	YRS.	THS DAYS	HOURS MIN.
	RTHPLACE (STATE OR F OUNTRY)  NEW YORK	OREIGN ]	L CITIZEN OF	WHAT COUNT	RY? 8.	D XXEVER MARRIED	9. BALTIMORE CITY O		DEATH	MD.
). CI	TY OR TOWN OF DEA	TH	ME NOT IN SUC	H FACILITY, GIVE ST		DR OTHER INSTITUTION	12a. USUAL OCCUPATI (TYPE OF WORK FOR MOST O SALESMAN		NDUSTRY	BUSINESS OR ESTATE
3a S	AL RESIDENCE (IF NURSITATE	ING HOME OF COUNT	OTHER INSTITUTION		OWN	13d. INSIDE CITY LIMITS? YES NOXX	13e STREET ADDRESS 3109 HATTO	ON RD.		21208
l. FA	THER'S NAME FIRST LOUIS	N	NDDLE	GOLDBI	ERG	15. MOTHER'S MAIDEN NA FIRST RAY				RIDGE
	AS DECEASED EVER		MED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMANT M	RS. MILDRED	SE I LMOR		
- (1	es, no or unknown)	(IF YES, GIVE	WAR OR DATES)	082-05	-1558	3109 HATTON	RD. BAL'	ro., MD	212	208
NOI	Conditions, if ony, gove rise to imm couse (o), stofin underlying couse	which mediate g the last.	DUE TO, O  DUE TO, O  (b)  DUE TO, O  (c)	M 40 CONSE	OUENCE OF OUENCE OF	infarction  NOT RELATED TO THE TERM			2 d	
CHECA	19a DATE OF OPERAT	ION	19b. COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED	206 AUTOPSY?	20b. IF YES, WIN CERTIFYING		
MEDICAL CE	21g. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WH	AUSE OF DEAT (AL EXAMINER)	P. 21e. PLACE	M. MONTH M.	19	216. HOW INJURY OCCUR 216 LOCATION STREET	RED (ENTER NATURE OF INJUR		OR PART 2)	S1 ATE
	220.1 certify that (1) saw the decease above, (1) (we) (d 22b. SIGNATURE	(this hospite d alive on _ id) (did not	10/13	ofter death.	9 <u>81</u> , or	d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [	deoth occurred on the do	ate and hour an		
	22d PHYSICIAN'S NA Brian I					22e ADDRESS	. HOSP BA		4D	
(	URIAL, CREMATION, I	REMOVAL		,1981	CHIZU		23d. LOCATION CITY OF TOWN BALTTMO TE REC'D. BY REGISTRAR	RE 251 PEGISTRAR	OUNTY MA	STATE
- 6	O10 REIST				•	1215 0	CT 20 1981	Crances	0	

Engl mys Introduct motor account m garden fram at South C.D.

DHMH - 16 50M 1/B1 (VRA 15, 4)

						STAT	E OF MARYL	AND	194	1	9 900 5	1 13
	1.	FOR STATE			DEPART			MENTAL HYG	IENE &	1 6	2 5 4	1 4
		REGISTRAR				CEKITI	ICATE OF I	PEATH		REG. NO.		
		CEASED NAME	FIRST		MIDDLE	i	AST		20. DATE OF D	EATH MONTH	DAY YEAR	26 HOUR
1			rene	F		G	ilmore			10	26 1981	M
)	3 SE			4. RACE		5. DATE C		YEAR	6. AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
g		female		blac	ck	9	19	1908		73 YRS		HOURS MIN.
700		RTHPLACE (STATE OF	FOREIGN	The second second	WHAT COUNTRY?	8 MARRIE	□ NEVER	MARRIED -	9 BALTIMORE	CITY OR COUN	TY OF DEATH	
1		Md		USA		WIDOWE	7.5	VORCED	Baltin	ore cit	У	MD
1		ITY OR TOWN OF DE	ATH	11. NAME OF H	HOSPITAL, NURSIN	IG HOME C	OR OTHER INS	TITUTION	12a USUALOC		126. KIND O	F BUSINESS OR
U		altimore			E. Bidd		reet		TITPE OF WORK FC	M MOST OF WORKING	LIFE) INDUSTRY	
1	13a S	AL RESIDENCE (IF NURS	136 COUL	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)	13d INSIDE C	ITV HANTES	13e. STREET AD	DRECC		
2		Md			Baltimo	re	YES X	NO [	2019	E. Bidd	le Street	t
T do	14. FA	ATHER'S NAME		MIDDLE			15. MOTHER	S MAIDEN NAM	ME			
6		George		WIDDLE C	Colbert		Mac	gie		AIDDLE	Colbe	rt.
		VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMA			ADDRESS		
	()	AES' HONOMHI	(IF YES, GIV	E WAR OR DATES)	220-05-9	825	Raymo	nd Bran	nch 2726	Ellico	tt Drive	
		18 CAUSE OF DEAT	H Enter or	nly ane cause per	line far (o), (b), an	d (c).						IMATE INTERVAL ONSET AND DEATH
	R	PART I. DEATH W	AS CAUSE	D BY:	ardio Pu		ara	Arrest			- COMMENT	JASET AND DEATH
		1749	IMMEDIA				0					
	-	Canditions, if any,	which	DUE 10, DE	Ltwta Hic	BHA	ot Cav	ar an	2 Liver	Failer	re	
		gave rise to imm	nediate	)						0.01		
		underlying cause		DUE TO, OF	R AS A CONSEQUE	ENCEOF					2012	
6	70	PART 2 OTHER SIGN	VIFICANT	ONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE C	R CONDITION C	SIVEN IN PART 11/	
	ON	Almacar	CILLOY	. 1	woeis	at	lune.				ZIVEIV II VI ANT TIE	
1	CERTIFICATION	19a DATE OF OPERA			TION FOR WHICH	OPERATIO		RMED	20a AUTOPS	Y? 20b. IF Y	YES, WERE FINDIN	IGS USED
4	TE								YES ON		TIFYING CAUSES	OF DEATH?
0	CER	21a. ACCIDENT WAS UNE	DERLYING [	216. TIME O			21c. HOW IN	JURY OCCURR		E OF INJURY IN ITEM I		, о Ц
1		OR CONTRIBUTING C				AY YEAR	E					
	MEDICAL	21d. INJURY OCCUR		21e PLACE (	OF INJURY		21f. LOCATIO	NC				
	×	WHILE NOT WE AT WO	HEE	(AT HOME, STR	EET, FACTORY OFFICE F	ARM ETC )	STREET		C	ITY OR TOWN	COUNTY	STATE
	13	220.1 certify that (1)		tal Lattended the	e. deceased from	00	1.15	10 8/	1000	1: 24	10.81	that (I) (we) lost
		saw the decease	ed olive an	DOL 3	19_	<b>3</b> , an	d that in (my)	(our) opinion o	leath occurred o	n the date and h	our and from the	
		abave, (1) (we) (a	IA.	t view the body	ofter death.		DEGREE				22c. DATE	SIGNED
		(UNVO	7.1/1K	MINIM	1H			TTENDING _	MEDICAL	STAFF	not:	26,1981
Ť		22d. PHYSICIAN'S NA	AME ,	M PRINTS			22e ADDRES	PHYSICIAN [	DIRECTOR	PHYSICIAN M	100	4,1001
		Oscar	6	Hern	an dez		Johns	Hoori	ins One		cuter	
	23n B	SURIAL, CREMATION,	PEMOVAL.	23b DATE		JAAAE OE C	EMETERY OR	1.071	1234 LOCATIO	Magy	unic	
		Burial	KEMOVAE	11/2/8	31				CITY OR	OWN	COUNTY	STATE
		UNERAL DIRECTOR		1 1 1		cedar	HIII	Cemeter	REC'D BY REG	nne Arun	del Co	Md
-	Wi	lliam C. M	arch	F/H 110	1 E. Nor	rth As	renue	המת	2.8 198	W /W	· Q - 1	77h
- 0				-/	- LUS - LV-1	T T T T T T	- LILL	1 2 2 2 4 4 4	# 1 (1   1. II.)	1	The second second second	S.S USON

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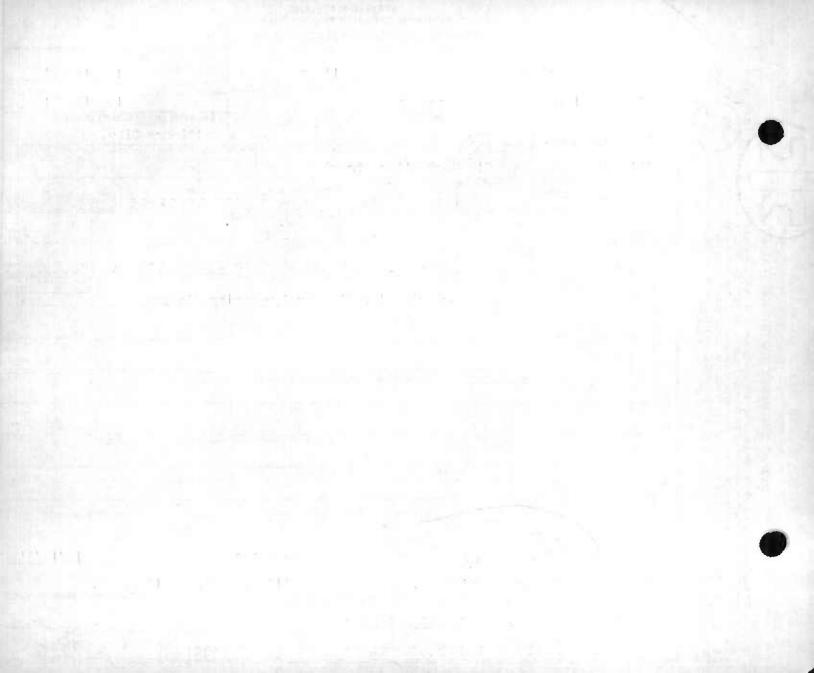
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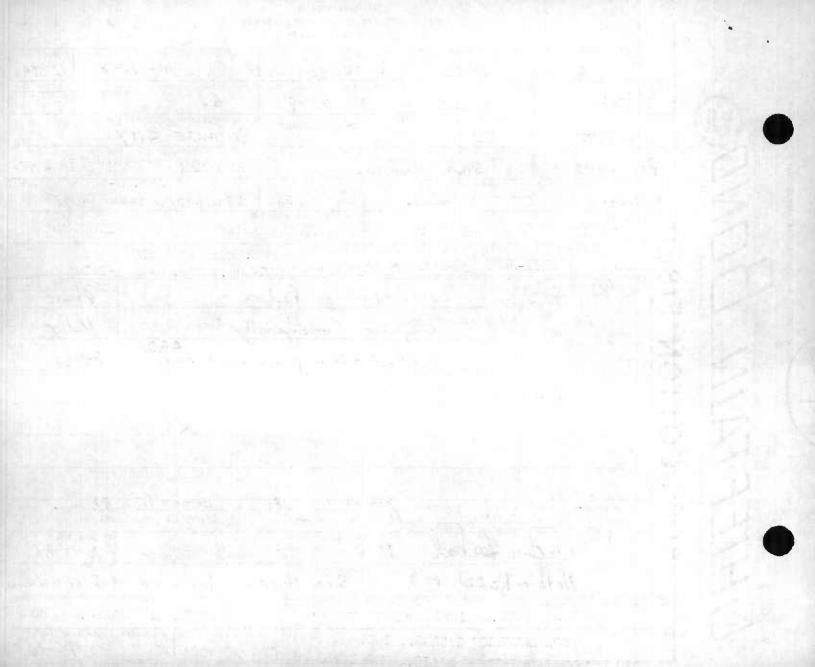
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Chart montes - Wi DSIGN & HATTURN & S. HOUR PERENTS SIGNATURE EMERCE

3	1-	FOR STATE			EPARTMENT OF	HEALTH	AND MENTAL H		1	2 5	-	1 3
/	T. DE	REGISTRAR CEASED NAME	FIRST	MEL	MIDDLE	VEK 5 C	ERTIFICATE O		REG. NOTE KNOWN	-	DAY YE	AR Zb. HOUR
W or or 10 H	(TY	PE OR PRINT)	Mario			0	. Imama	0	TE KNOWN ESTI-	1		
ROUE SEE	3. SE			DATE OF BIRTH	6. AGE (IN Y		DER 1 YR. IF UNDER		ATE	HINOW	1819 DAY Y	B M EAR 2d HOUR
T S T S S S S S S S S S S S S S S S S S	١,	Male BI	ack	7 12	12 69 y	AY) MONTH		MIN: PRON	OUNCED	10	1819	14.40
	7o. B	IRTHPLACE (STATE OR		76. CITIZEN OF WH		T.	V	O DAI	TIMORE CITY O			
· 公安308017		OCKHILL.S		USA		WIDOW	ED NEVER MARRI	IED L.I	-	City.		
5 4 4 4 4 5		ITY OR TOWN OF DEAT		11. NAME OF HOSE	ITAL, NURSING HOM	100		120 USUAL OC	CUPATION (TYP	- / /		
PACIFIC PACIFI	B	altimore		912	Montpelier	Stre	et	FOR MOST OF	WORKING LIFE)		OR IND	JSTRY
- WASON -	USU. 13a. S	AL RESIDENCE (IF IN NURS	ING HOME OR	OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISS	(NO)	134 INSIDE CITY LIMITS?	13e STREET AD	DRESS			
PETA AND AND AND AND AND AND AND AND AND AN		MD.	3 11		BALTIMO	RE	YESXX NO		MONTPEI	LIER	ST.	
Sec. 11. 155 (201)	14. F	ATHER'S NAME		MIDDLE	ŁAST		15. MOTHER'S MAIDE	NAME	MIDDLE		LAST	
DEATH PAND		JOHN			GILMO		MATTI	E				UNKNOW
	160.	WAS DECEASED EVER II	N U.S. ARMI	ED FORCES? AR OR DATES)	166. SOCIAL SECURIT	Y NO.	17. INFORMANT		ADDRESS	5		
RE ATTER B. GIVE PA WITH FOIR DIVISION		NO				6041	MAGNOLIA	A GILMO	DRE 927	7 MON	TPEL	IER ST
		18. CAUSE OF DEATH PART I DEATH WA	(Enter anly	RV.							APPROXI BETWEEN C	MATE INTERVAL
ON ST 24 HOUS TREM 18 CONG W PERMIT SIENE, D		4292	MMEDIATE				c cardiova	scular	disease			
REST NSITANO SMO		Canditians, if an	y, which	DUE TO, OR A	AS A CONSEQUENCE	OF						
MINE AINE STRAINE	-	gave rise to in cause (a) stating t		(b)	AS A CONSEQUENCE							
MED NEW		lying cause last.	The <u>Girder</u>	DUE TO, OK A	S A CONSEQUENCE	OF						
DS. XECU JG. YAL A AND ATIO		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERM	AINAL DISEASE	OR CONDITION GIVEN IN PAI	PT 1 (m)				
CETIFICATE SHOULD BE EXECUTED WITHIN ALTHOUST CETIFICATE SHOULD BE EXECUTED WITHIN ALTHOUSE THE WORD "PENDING" IN PENCIL IN ITEM 190ED TO THE CHIEF MEDICAL EXAMINER ACCUSED TO THE CHIEF MEDICAL EXAMINER ACCUSED TO THE CHEALTH AND MENTAL HYGENED SHOULD BE USED AS A BURAL-TRANSIT PRINT EPENTAL TO FROM THE AND MENTAL HYGENED TO PROPE TO SHAND MENTAL HYGENED TO PROPE TO SHAND MENTAL HYGENED TO SHOULD BURAL, CREMATION, OR REMOVAL	NO											
CULD "PEE VEED ALL, O	CERTIFICATION	19a. DATE OF OPERAT	ION	19b. CONDITI	ON FOR WHICH OPE	RATION W	AS PERFORMED?				20 AUTOF	rsy?
SHOUL CHIEF CHIEF TOF H	Ē	1									YES [	NO 🛛
OF ATE WEN WEN THE WEN TO BE		210 EXTERNAL CAUST		11b. TIME OF	MONTH DAY YEA	21c. HC	W INJURY OCCURRE	D (ENTER NATURE C	F INJURY IN ITEM TB	PART I OR PART	2)	
ION HOUNARTING	N N	CONTRIBUTING C	AUSE OF DE	ATH P.M.	19							
DIVISION S CERTIFIC RITING TH REDED TO SE 3 SHOUL E DEPARTI OI PRIOR	MEDICAL	WHILE IN NOT V	D C	STREET, FACTO	F INJURY (AT HOME, DRY, FARM, ETC.)		CATION	CITY O	RTOWN	COUN	ITY	STATE
MAR WE		WHILE NOT V	ORK .									
ECETHICATE, OUD BE FORW, I DIRECTOR: F WITH THE ST		220   certify that I t	ool Mirge	of the remains desc	bed abave, held an	Autops	y . Inspection	Inqu	uiry X, an	nd in my opii	nion	
THE PER PER PER PER PER PER PER PER PER PE		death resulted from	Notugal	cours XX.	Academy . A	ricide .	Homicide .	Undetermined				
WAN BEEN		ACTUAL (	111.	. (	195	1	TITLE (SPECIFY)					
3 X X X X X X	1	SIGNATURE	Me	work	11mil	M.	Deputy Ch	i extedical EX	AMINER	DATE	10/	19/81
WOO WAS DE	-	EXAMINER'S NAME	Thoma	as D. Smi	th. M.D.		111	Penn St.	Balto	., MD		
TO MEDICAL E EXECUTE THE PAGE 4 SHOUL PAGE 4 SHOUL PATER DEATH. A FIER DEATH.	730 R	(TYPE OR PRINT)URIAL, CREMATION, RE			123c. NAME OF CE		ADDRESS	123d. LOCATIO		, 110	•	
0904	(	BURIAL		10/22/81	HOLLY			BALT	4	COUNT		STATE
BP	24 F	UNERAL DIRECTOR					250. DATE R		TRAR 25b. REGI	CO		MD.
DHMH - 17 (VR A15 ME (5) )		W:C: M	ARCHI	F/H 1101	1EF · NORT	H AV	E. OCT	12019	81 21	0:	my.	Then.
15M 2/80									1 1/2/2/	40 744	100	4

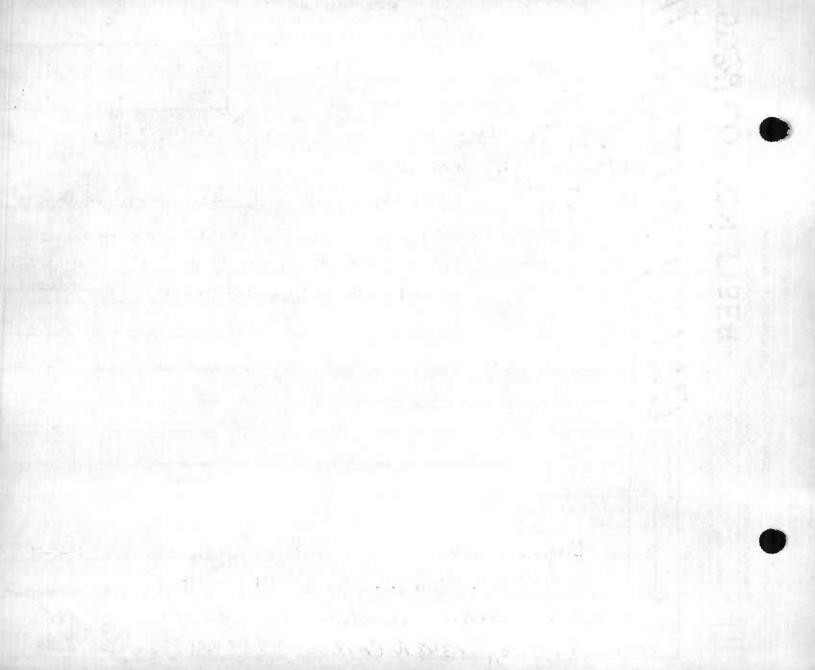
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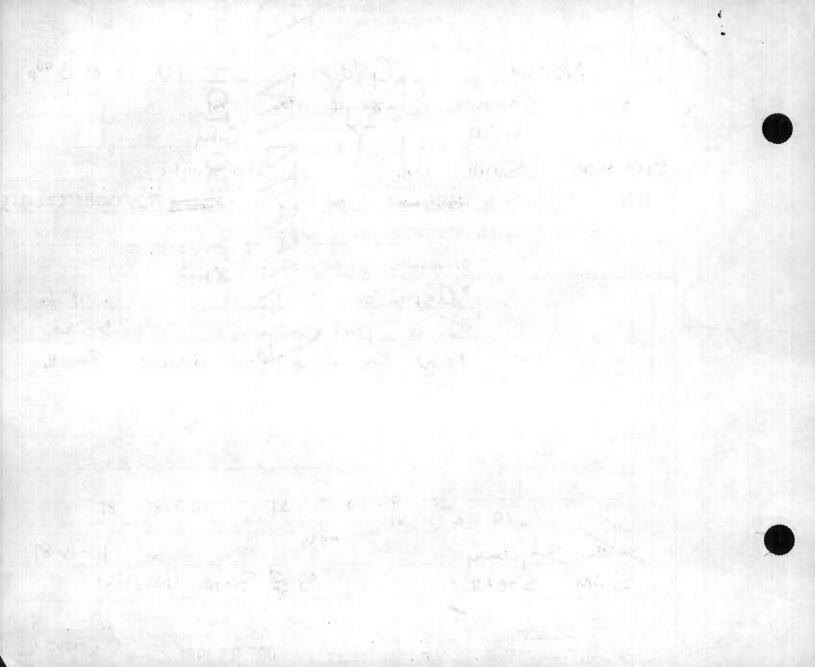


62		FOR STATE				MENT OF	HEALTH		ENTAL HY				2	5	9	1	5
A STATE OF THE STA		REGISTRAR CEASED NAM PE OR PRINT)	E FIRST	MI	MIDDLE	EXAMIN	IER'S C	ERTIFIC	CATE OF	F DEA1	DATE	REG.		NTH [	DAY Y	'EAR	2b. HOUR
Signal Str	1111	PE OR PRINT)	ROBE	RT	LEVI		GL	ASS		30	OF	ESTI- MATED		10	1 19	81	
5.9.3.9.8 M	3. SE	X	4. RACE	5. DATE OF BIRTH		6. AGE (IN YE	ARS IF UN	DER 1 YR.	IF UNDER 2				MON	ith i			2d HOUR
S. BERNET		male	white	AUG.11,		0.5	RS. MONTH	DAYS	HOURS	MIN P	RONOUN	NCED	5	10	1 19	81	7:48 p m
NEGEST S. FOR WITH	. 7o. B		TATE OR	76. CITIZEN OF V	VHAT COU	VTRY?	8. MAPPI	ED VV NEV	VER MARRIE	9.	BALTIM	ORE CIT	Y OR CO	UNITY			
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OI W	10. C	ITY OR TOWN	OF DEATH	11 NAME OF HO	SPITAL, NU	IRSING HOME	, OR OTH	ER INSTITUT	TION	12a USUA	LOCCUE	PATION			OR IND	F BUS	INESS
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sul.	REGISTRAR		EXAMINER'S CERTIFICAT	TE OF DEATH REC	3. NO.
(48)	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	20. DATE KNOW	MONTH DAY YEAR 26 HOUR
(A) (A)		rles	Glend	DEATH MATEL	□ 10 2 19 81 N
A DECOR	3 SEX 4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS IF UNDER 1 YR. IF U	NDER 24 HRS. 2c. DATE  JRS MIN. PRONOUNCED	MONTH DAY YEAR 24 HOUR 5:25
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N PALA	Baltimore	1330 Argyla			
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S AF GIV ITH PAG IVISI	NO I-		-16-7337A Penne	Non Mills	1330 Argyle Ave
ON ST., B 24 HOURS TITEM 18. G LIONG WII PERMIT. P GIENE, DIN	18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	only ane cause per line far (a), (b			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON TEN		ATE CAUSE (o) ATTORIO	osclerotic Cardiova	ascular Disease	
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ATE, ATE, DRW	22a I certify that I took cho	rge of the remains described obc	ve, held an Autapsy XX. Insp	pection . Inquiry .	and in my opinion
NA CHAN		ural couses XX, Accident		Undetermined manner	7,
WIT WIT ARE	/1	٧.٨.	TITLE (SPECIF	FY)	
AHOUNT HAN	SIGNATURE UUG	ma Lilolan	Assist	tant MEDICAL EXAMINER	DATE SIGNED 10-3-81
NEW SET	EXAMINER'S NAME				
DIVISION OF VITAL R  TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE. WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF I TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	(TYPE OR PRINT)VI	rginia L. Dola	n, M.D. ADDRESS	III Penn Street	
100 4 20225	230 BURIAL, CREMATION, REMOVAL	236. DATE / 23c. 1	NAME OF CEMETERY OR CREMATOR	23d. LOCATION CITY OR TOWN	COUNTY STATE
11112 BP	CROMAtion	10/12/81	Westview Ca	n DA 110	Ad
DHMH-17	24 FUNERAL DIRECTOR	ADDRESS	250. 0		REGISTRAR'S SIGNATURE
(VR A15 ME (5)) 15M 2/80	VERNONR. R	Arley 134	8 10. (A/kon)	OCT 13 1981 Page	ness flan parener



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		FOR STATE REGISTRAR			TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	2 9 6
		CEASED NAME OR PRINT)	Mary	MIDDLE	Goldstraw	October 2, 1981	DAY YEAR 26 HOUR
	3. SE	F	4 RACE	IHITE	5. DATE OF BIRTH  DEC. 22, 1905	6. AGE (IN YEARS LAST BIRTHDAY) YRS	IF UNDER 1 YEAR IF UNDER 2
75	70 B	RTHPLACE (STATE OR FOR		1.5.A.	MARRIED NEVERMARRIED WIDOWED DIVORCED	Baltimore City Baltimore City	Y OF DEATH
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33	130	AL RESIDENCE (IF NURSIN	SHOWE OR OTHER INS	TITUTION GIVE RESIDENCE BEF	WN 13d INSIDE CITY LIMITS?	102 CHARING	CROSS R
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2 andico		VAS DECEASED EVER IN	U.S. ARMED FO LIF YES, GIVE WAR OR		2-7736 GALLEND 6	SOLD STEPLES	16 Cromari
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injury, o	NO	PART 2 OTHER SIGNIF	FICANT CONDITI		rinary Tract infect		
shows only	CERTIFICATION	190 DATE OF OPERATIO	ON 19b	CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH S NO
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0	MEDICAL	21d INJURY OCCURRED  WHILE AT WORK  AT WORK	(AT	PLACE OF INJURY HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY ST
orke	1				September 23 , 1981 81 , and that in (mx) (our) apinion of	to October 2, death occurred on the date and hou	19_81, that X (w
m 21 is morked			1) Paid don per A	te body direct deom.			
Hem 21 is		226. SIGNATURE	1. Unta	rello &	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/2/81
IMPORTANT: If Item 21 is morke		226. ŞIGNATÜRE 227 PHYSICIAN'S NAM John Vita	A. Uta AE (1YPE OR PRINT) arello,	ullo Jr. M.D.	ATTENDING PHYSICIAN COMPANY AND ATTENDING PHYSICIAN COMPANY AN	General Hospita	10/2/81
Hem 21 is	1	226 SIGNATURE 227 HYSICIAN'S NAM	A. Uta AE (TYPE OR PRINT) arello,	ullo Jr. M.D.	. M. O. ATTENDING PHYSICIAN [	DIRECTOR PHÝSICIAN 😿	10/2/81

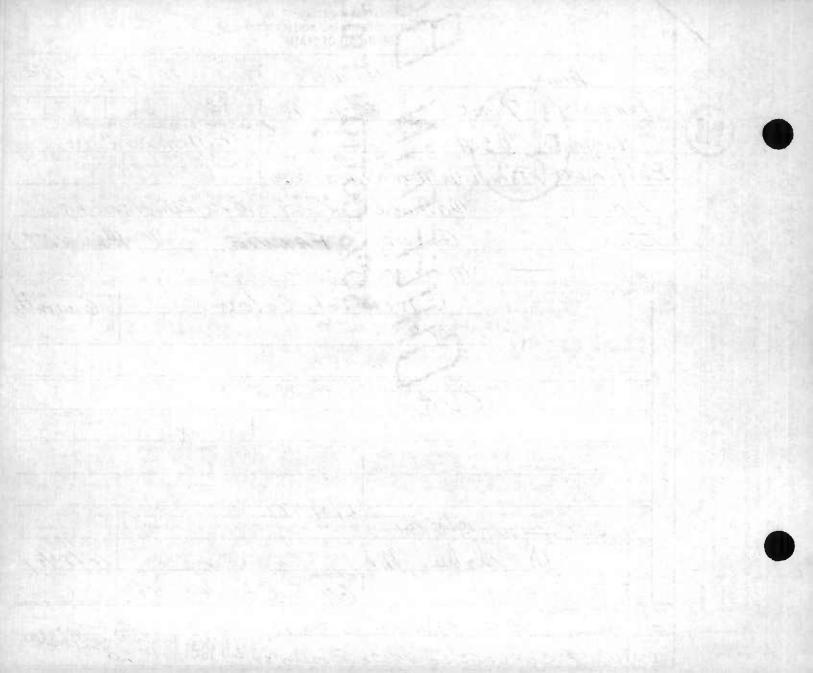
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*********		CEASED NAME	FIRST		MIDDLE	2		LAST		20. DATE KNOW	WN XX MONT		26 HOUR
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G THE W G THE W TO THE HOULD I		UNDERLYING CONTRIBUTING	OR CAUSE OF D	HOUR A.M	N. MONTH	19	2		CCURRED (EN	TER NATURE OF INJURY IN	ITEM 18 PART 1 OR	PART 2)	
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111 5. 10 .			_					, Hamicid	le Un	determined manner	DAT	E 10-31-8	31
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DHMH - 17 (VR A15 ME (5) )			wski F	.н. 2007	Eas	tern /	Avenu		o. DATE REC'D	4 1981 7	REGISTRAR'S	SSIGNATURE VALLE	len
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELL EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN LITEM 18. GIVE PAGES 1, 2 AND 31 OF PAGE 4 SHOULD BE LOSED AS BURIAL. FRANIST PRINT. PAGES 1, 2 AND 23 SHOULD BE LOSED AS A BURIAL. FRANIST PERMIT. PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL. FRANIST PERMIT. PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL. FRANIST PRINT. PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL. FRANIST PRINT. PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL. FRANIST PRINT. PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL. FRANIST PRINT. PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL. FRANIST PRINT. PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL. FRANIST PRINT. PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL. FRANIST PRINT. PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL. FRANIST PRINT. PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL. FRANIST PRINT. PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL. FRANIST PRINT. PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL. FRANIST PRINT. PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL. FRANIST PRINT. PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL. FRANIST PRINT. PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL. FRANIST PRINT. PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL. FRANIST PRINT. PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL. FRANIST PRINT. PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL. FRANIST PRINT. PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL. FRANIST PRINT. PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL. FRANIST PRINT. PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL. PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL. PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL PAGES 1 AND 2 SHOULD BE LOSED AS BURIAL PAGES 1 AND	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF AND 3 TO THE FUNICAL EXAMINER ALONG WITH FORM PM. 3 RETAIN PAGE 1. 2 AND 3 TO THE FUNICAL EXAMINER ALONG WITH FORM PM. 3 RETAIN PAGE 2. 1. 2 AND 3 TO THE FUNICAL EXAMINER ALONG WITH FORM PM. 3 RETAIN PAGE 3 SHOULD BE FUNICAL. TRANSIT PREMIT. PAGES 1 AND 2 SHOULD BE FULLD WITH PREMIT. PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PREMIT. PAGES 1 AND 2 SHOULD BE FULLD WITH PREMIT. PAGE 1 SHOULD BE FULLD WITH PREMIT. PAGE 1 AND 2 SHOULD BE FULLD WITH PREMIT. PAGE 1 SHOULD BE FULLD WITH PAGE 1 SHOULD BE FUL	MACOURT DIRECTOR  MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER PEATH.  TO RELEASE FOR MACHINER THIS CERTIFICATE, WRITING THE WORD THE CHIEF REDICAL EXAMINER PROPERLY THE FORM PARTY OF THE CHIEF REDICAL EXAMINER PROPERLY THE FORM PARTY OF THE CHIEF REDICAL EXAMINER PROPERLY THE STATE DEPARTMENT PROPERLY THE STATE DEPARTMENT PROPERLY THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIERIE, DIVISION OF VITA.  10. CITY OR FOUND BE DECED SHOULD BE DECED STATE OF THE CHIEF AND MENTAL HYGIERIE TO THE CHI	TO FOR EXECUTE WHITE STATE REGISTRAR  I. DECEASED NAME FIRST I. DECEASED NAME FIRST II. DECEASED NAME FIRST II. DECEASED NAME FIRST III. DECEASED NAME III. DECEA	The state registrar in the control of the state of the st	TO STATE OF PRINTING AND THE PRINT WORLD TO STATE OF PRINTING AND THE PRIN	The control of the co	TO STATE REGISTRAR  RE	FOR   DEPARTMENT OF HEALTH AND MEINT   REGISTER   REGISTER   MEDICAL EXAMINER'S CERTIFIC	DEPARTMENT OF HEALTH AND MENTAL HYGING MEDICAL EXAMINER'S CERTIFICATE OF D  REGISTRAR  I. DECEASED NAME  (I'VIC GAMES)  J. SEA  4. RACE  Male  J. SEA  Male  J. SEA  4. RACE  Male  J. SEA  Male  J. MARRED  J. MARED  J. MARRED  J. MARRED  J. MARRED  J. MARRED  J. MARRED  J. MAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENES  REDICAL EXAMINER'S CERTIFICATE OF DEATH    To provide the provided of the provided prov	DEPARTMENT OF HEALTH AND MENTAL HYGENED  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG NO.  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG NO.  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG NO.  DEATH MATERIAL	DEPARTMENT OF HEALTH AND MENTAL HYGIENE    DOKE STORM   MEDICAL EXAMINER'S CRRTIFICATE OF DEATH   RIG NO.

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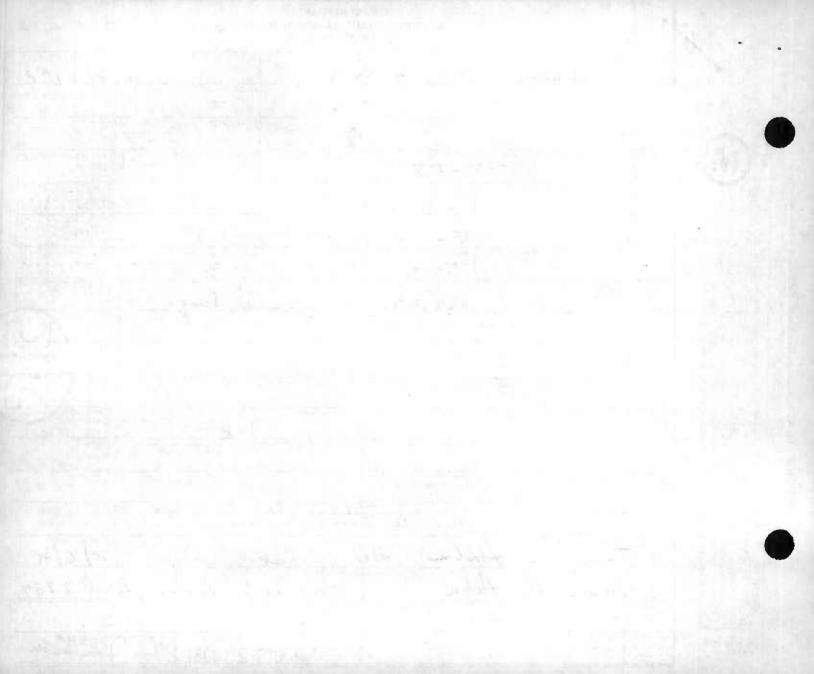
PRESTON ST., BALTIMORE,

DIVISION OF VITAL RECORDS, 201

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6	1.	FOR STATE REGISTRAR	X.	DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL H FICATE OF DEATH	IYGIENE 8	2 5	924
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		FEMALE	RACE WHITE		OF BIRTH Y 27, 1908	6. AGE (IN YEARS LAST BIR		
35		MARYLAND	76 CITIZEN OF WHAT O	MARRIE		BALTIMO		MD.
15	-	TY OR TOWN OF DEATH BALTIMORE	GOOD SAMAT		OR OTHER INSTITUTION	HOUSEWIFE	OF WORKING LIFE) 12b. KIND INDUSTE HO	O OF BUSINESS OR
3	13a. S	AL RESIDENCE LIF NURSING HOME OR TATE MARYLAND		DENCE BEFORE ADMISSION) YOR TOWN ALTIMORE	13d INSIDE CITY LIMITS	? 13e STREET ADDRESS UNI	A VERSITY PKW	PT. 6-C Y(21210)
00		THER'S NAME MORRIS	FR:	I ĖĎMAN <b>~</b>	15. MOTHER'S MAIDEN	NAME	PEAR	
1	16a. W	VAS DECEASED EVER IN U.S. ARI	WAR OR DATEST	5-48-6852	YALE GORDO	N 100 W. UN	ESS APT. IVERSITY PKI	_
	NO	PART I. DEATH WAS CAUSEI IMMEDIAT Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A (	CONSEQUENCE OF	NOT RELATED TO THE TE	ERMINAL DISEASE OR CON	DITION GIVEN IN PART	lto
1	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION F	OR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUS YES	
2	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA IFETHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED  WHILE NOTIFY MADIC AT WORK  22a.1 certify that (1) (this haspit sow the deceased all we on a sow the deceased all we are the sow the sow the deceased all we are the sow the sow the sow the deceased all we are the sow the so	HOUR A.M. M. P.M.  21e. PLACE OF INJU (AT HOME STREET, FACT	ONTH DAY YEAR  19  JRY ORY, OFFICE, FARM, ETC.)  seed from	211 LOCATION STREET	CITY OR TO	OK 1951	STATE  _, that (I) (we) lost
-		22d. PHXSICIAN'S NAME   TYPE O	APRINT)	- M	ATTENDING PHYSICIAN 220 ADDRESS		FF _ In	TE SIGNED
_		URIAL, CREMATION, REMOVAL	23b. DATE 10-18-81		EMETERY OR CREMATOR ALOM MEM. PA	RY 23d. LOCATION RETSTERS	TOWN. MEALTO	. MD

DHMH-16 30M 2/80 (VRA 15, 4) 24 FUNERAL DIRECTOR SOL LEVINSON & BROS. 6010 REISTERSTOWN RD. BALTIMORE, MD. (21215) DCT 23 1981



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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1	1	FOR - STATE REGISTRAR		DEPARTMENT OF H	E OF MARYLAND HEALTH AND MENTAL H FICATE OF DEATH	IYGIENE S	25926
by be death		CEASED NAME FIRE	MIDDE	and the same of th	osnell	26. DATE OF DEATH MONTH	24 8/ 25 HOUR 5306 M
CS OF THE STATE OF	3 SE	×F	4. RACE	5. DATE (	H DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 MS. MONTHS DATS HOURS MIN.
deort 277	M	IRTHPLACE (STATE OR FOREIGN COUNTRY)  aryland	76 CITIZEN OF WHA	T COUNTRY? 8  MARRIE  WIDOWI	D NEVER MARRIED	01171	INTY OF DEATH
by the filled with	10 C	Bolto		PITAL, NURSING HOME CILITY, GIVE STREET ADDRESSY	THE INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	NG LIFE) 126 KIND OF BUSINESS OR INDUSTRY
filled in hauld be	130.	AL RESIDENCE (IF NURSING HOME STATE 136 CC		RESIDENCE BEFORE ADMISSIONS CITY OR JOWN	136 INSIDE CITY LIMITS	130 STREET ADDRESS BA	SYARD ST
ompletely and 2 sl	14 F.	ATHER'S NAME FIRST	WIDDLE	1AST	15 MOTHER'S MAIDEN	NAME MIDDLE	LAST
on and co	166	WAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES	COST WILL CONDUCTED	SOCIAL SECURITY NO. 20-05-2709	Patricia	Stewart 4647	Falls Road
equires that the death certification is a signed by the attending picture please remove corbong to burial, cremofion, or reminjury, or other troumotic eve	NO	Conditions, if ony, which gove rise to immediate couse (o) stating the underlying couse lost.	DUE TO, OR AS	ACOUSEQUENCE OF A CONSEQUENCE OF JEST	coral M	ARRAST LEMBLIC FEMILIC ERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
CIAN. The law re a physician. entitote has been tol-transit permit. Into Hygiere prior	AL CERTIFICATION	198 DATE OF OPERATION  216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM.)	216 TIME OF IN.	I FOR WHICH OPERATION  JURY  MONTH DAY YEAR		200 AUTOPSY? 206. IN CI	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
R ATTENDING PHYS hospital or attending RECTOR. After this cred for use as the burght, of Health and Meem 21 is marked at the sem nary at the s	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  27a.1 certify that (I) (this has saw the deceased alive obove, (I) (we) (did) (did) 22b SIGNATURE	21e PLACE OF IN	NJURY ACTORY OFFICE FARM ETC   Sposed from 19 , or	21f LOCATION STREET  23 , 19 and that in (my) (our) opini DEGREE	CITY OR TOWN  CITY OR TOWN  On death occurred on the date and	that (I) (we) lost hour and from the causes stated
PTO HOSPITAL OF retorned by the PTO FUNERAL DIS should be detoch with the Stote Del IMPORTANT: If h	230	27d. PHYSICIAN'S NAME (1196	stiero-	273	ATTENDING PHYSICIAN 27e ADDRESS	LOPPHL  1234 LOCATION	- D/24/81
2BP	E	ürial	10-30-8	1 Mt. A	uburn	Balto.	V. Wither
DHMH - 16 50M 1/81 (VRA 15, 4)		INERAL DIRECTOR	FSPA 130	O Wistow Di	25a. C	AT 26 1981	STATE OF THE STATE

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200-05-2000 Patricia Stevent Will rellacioned

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JAM. A. MIJA CALE 1300 Enter-21.

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Mc ully Funeral Home, 130 E. Fort Ave. Balto. Md.

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REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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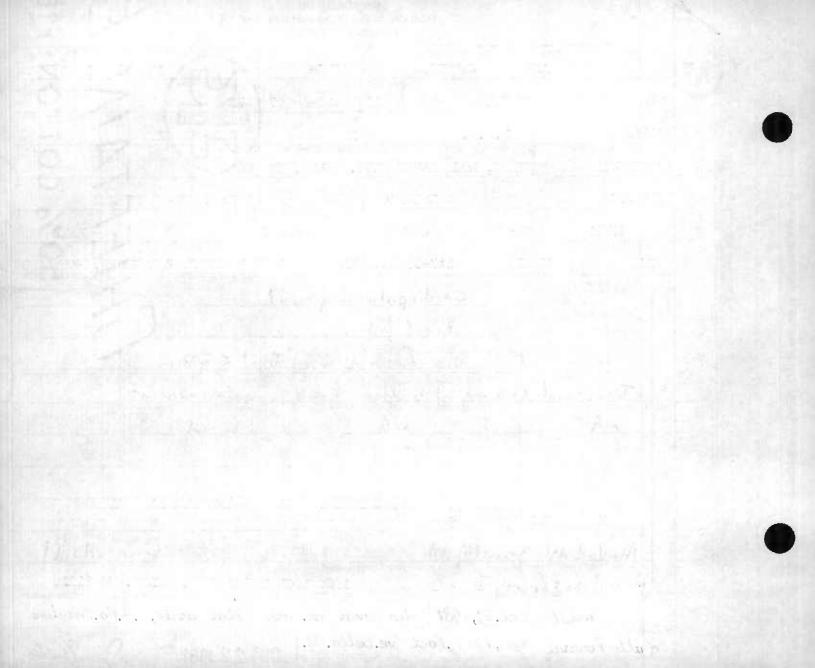
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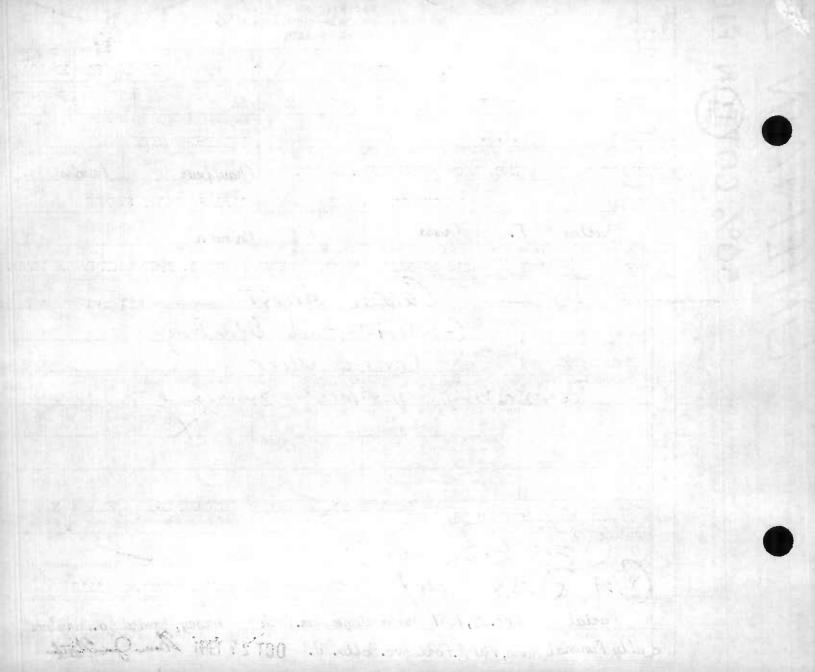
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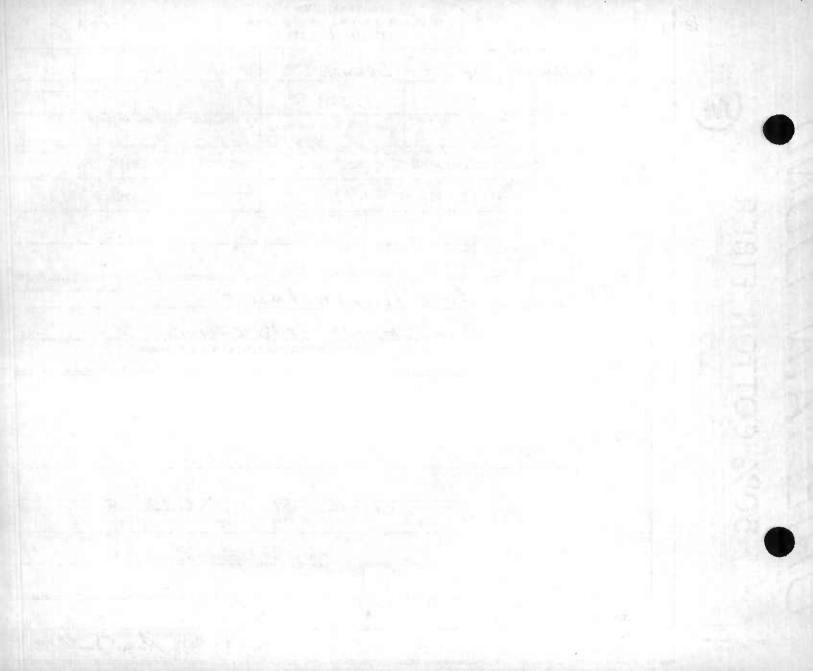
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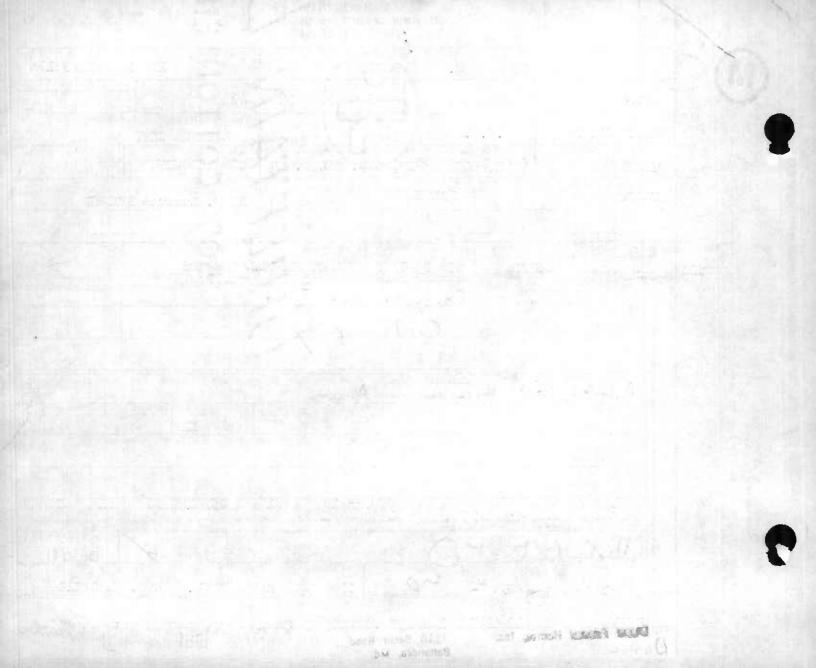
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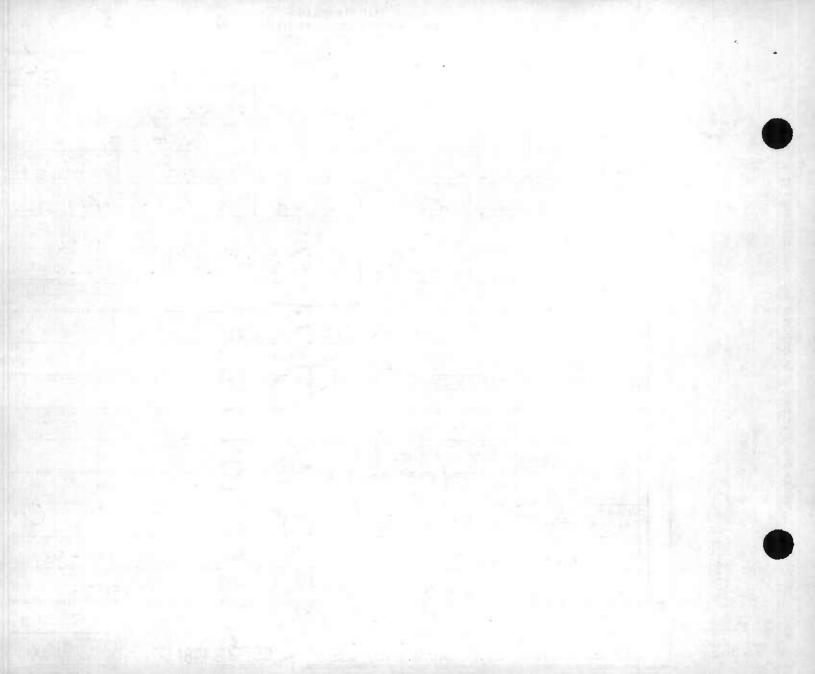
<u></u>	1.	FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8	25931
poge 3	(TYP	= ANNA	ANNE GERTRUDE	DAVIDSON GRAY	20 DATE OF DEATH MONTH	12,81 945 P
Her o	3. SE	× Female	4 RACE White	5. DATE OF BIRTH 191	62	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
MAS	M	IRTHPLACE (STATE OR FOREIGN COUNTRY)  aryland	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COU	NTY OF DEATH MD.
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2 should be	13a.	STATE T34 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c CITY OR TOW Limore Roseda	viale YES X NO (	1629 Weybur	n Rd.
on Des C		John	Davidsor		WIDDIE	Frank
ers. Poges II.		MAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATEST	-7695 William	P. Gray, 1629	Weyburn Rd.
signed by the attending Then please remove corboi to burial, cremotion, or ret njury, or other troumatic ev	NO	Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	n Cell Darcomi		GIVEN IN PART 110
t permit.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
RECTOR: After this certificate hed for use as the buriol-tronsise proof fleath and Mental Hygin them 21 is marked or them 18 sh	MEDICAL CER			AY YEAR 19 211 LOCATION STREET 19 19 19 19 19 19	CURRED (ENTER NATURE OF INJURY IN ITEM  CITY OR TOWN  to 10/1/2  ion death accurred on the date and	COUNTY STATE
should be detect with the Stote De		Jacy B. CARY B.	RUPPERT	22e ADDRESS	MEDICAL STAFF N DIRECTOR PHYSICIAN PAUL PLACE	10/12/81 Balto 21202
₩ 3 <b>₹</b>	23a. E	BURIAL, CREMATION, REMOVAL (SPECIES)	. 23b. DATE 23c. I	NAME OF CEMETERY OR CREMATO	RY 23d LOCATION	COUNTY STATE

21214

ROBERT C. ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd., Balto., Md. 21214

DHMH - 16 50M 1/81 (VRA 15, 4)

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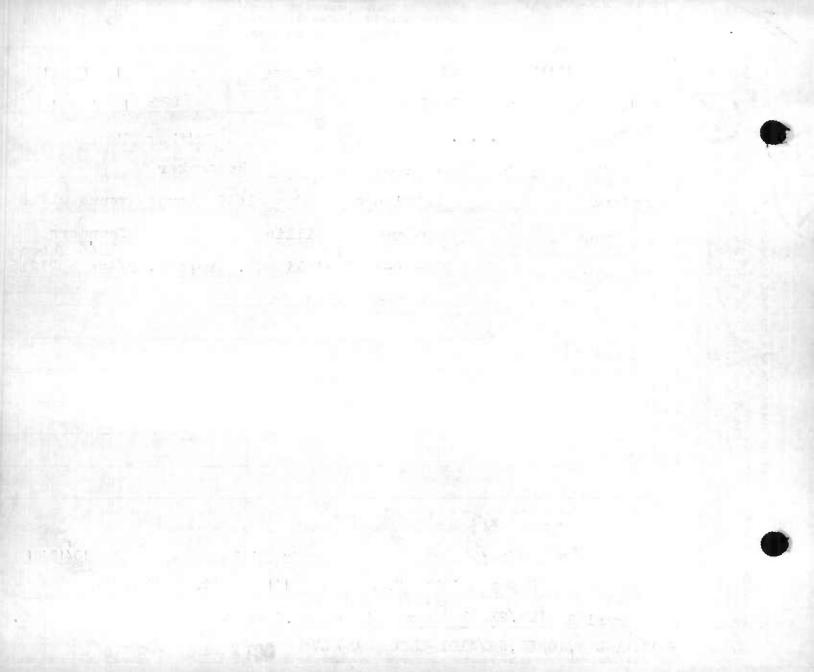
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN X DAY (TYPE OR PRINT) 10-28-81 DEATH MATED CHARLES GREGORY \* Black DATE OF BIRTH DATE MONTH male LAST BIRTHDAY) PRONOUNCED 10-28-81,0 06 DEAD To BIRTHPLACE (STATE OF 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED FOREIGN COUNTRY U.S.A. Carolina Baltimore City WIDOWED [ DIVORCED 3. RETAIN PAGE SHOULD BE FILED AL RECORD 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Maryland General Retired OR INDUSTRY Baltimore Hospital 2 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Baltimore 13b COUNTY 13d INSIDE CITY LIMITS? 529 E. Lafayette Ave. Maryland YES K 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 18. GIVE PAGES 1, 2 WITH FORM PM 2 JAND. Mattie Bullock Charles Gregory 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO ADDRESS DIVISION (YES, NO, OR UNKNOWN) 242-16-1325 Fannie Jenkins 2566 Arunah Ave. No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). MEDICAL EXAMINER ALONG WAS A BURIAL - TRANSIT PERMIT. - ALTH AND MENTAL HYGIENE, D CREMATION, OR REMOVAL. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Diverticulitis and hypertensive arterioscleretic IMMEDIATE CAUSE (o)\_ Conditions, if ony, which cardiovascular disease gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. USED AS A B CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL TO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALLIMORE, MARYLAND, 21201 PRIOR TO BIRBL YES T 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY UNDERLYING OR YEAR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME. STREET, FACTORY, FARM, ETC. WHILE AT WORK AT WORK CITY OF TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held an Autopsy and in my opinian Inspection death resulted from: Natural causes Homicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE M.Assistant SIGNED 0-28-81 MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS Penn Street (TYPE OR PRINT) Balto. 230.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 11-3-81 Mt. Auburn Westport Md. BP 24. FUNERAL DIRECTOR **DHMH - 17** RICE FSPA T300 Eutaw Pl. (VR A15 ME (5)) 15M 2/80

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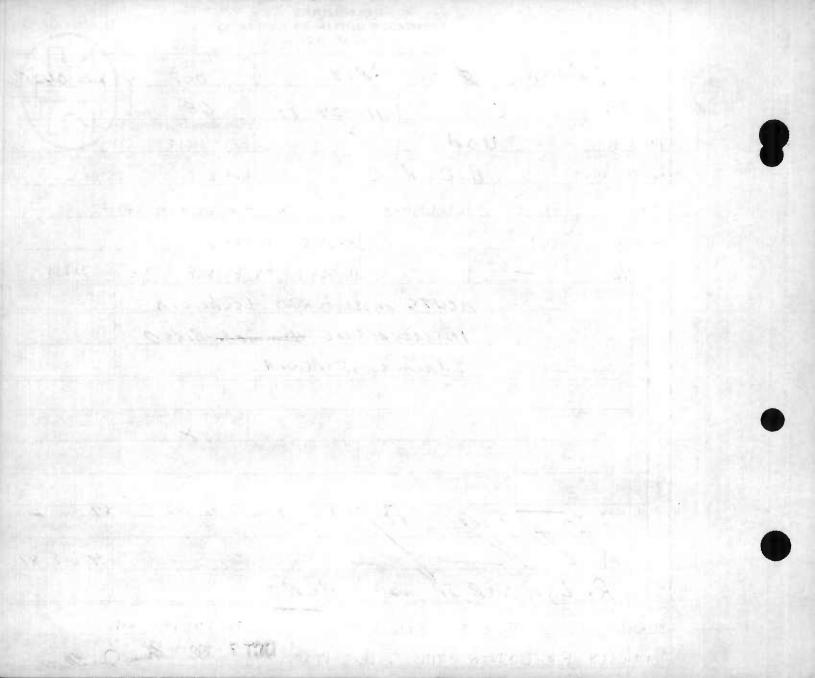
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EXAMINER: CERTIFICATION CERTIFICATION TO DIRECTOR T, WITH THE S MARYLAND,		death result	ed from / Natu	ral causes	EXA	Accident	1/5	icide	Hamie	cide .	Undete	rmined mi	onner [	],				
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TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR A TREATER DIRECTOR! AFTER DEATH THE SEALHMORE, MARYLAND,	23n B		TION, REMOVAL				AME OF CE											
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2	1	FOR STATE	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	GIENE 8 1 2 5 9 3 5
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.
	1. DE	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR THE TOUR AND
may be , page 3 ter death	(TYPE	ORPRINT) Linda		Gresham	10-24-81
mo,	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR MONTHS DAYS HOURS MIN.
ge 4 ector, urs oft		Female	black	5 7 47	34 YRS.
death. Pag		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
G T T T T T T T T T T T T T T T T T T T	7	Balto	USA	WIDOWED DIVORCED	Baltimore City MO.
offer of	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION 126. KIND OF BUSINESS OR LYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
or o		Daltimore	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	iton	CLEAN B. G.A.E.
AND 21	130	ARE 13b COL	UNITY 12 CITY OR IOW	N 13d. INSIDE CITY LIMITS?	INSTREET ADDRESS SAPATACA ST
7 7 5	14. F/	THER'S NAME		15. MOTHER'S MAIDEN NA	
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ertific ertific ng ph bonp remo			IATE CAUSE (a) COSONOS	tory arrest Hno	xic Encephalopathy
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2 2 2 2 2		PART 2. OTHER SIGNIFICANT	T CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART 1(g)
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ECO pw. re	CAT	190 DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED
- 5.5 F G E X	CERTIFICATION				YES X NO YES NO NO NO
FVITA AN: Th obysicio ficate transit 1 Hygie	CER	21a. ACCIDENT WAS UNDERLYING	- 110110 111 11011711 01	YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)
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D AHD SEA P	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	21f LOCATION STREET	CITY OR TOWN COUNTY STATE
DIVISION DING PL	2	AT WORK NOT WHILE AT WORK	The state of the s	, , , , , , , , , , , , , , , , , , ,	
NO Lase			spital attended the deceased from	10-23 19 81	
21 4 5 4 5 12			nat) view the body after death.	and that in (my) (aur) apinion	death accurred an the date and haur and fram the causes stated
OR AT OR AT DIRECT Dopt. of Them 21		22b. SIGNATURE		DEGREE	22c. DATE SIGNED
7 4 1 4 10 -		(hrustmo	1 100 100 100	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN DIPLOMATION
HOSPITAL ned by th FUNERAL Ide be det the Stote		22d. PHYSICIAN'S NAME (TYPE	E OR PRINT)	22e. ADDRESS	
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T = 1 2 3 5	23a. B	URIAL, CREMATION, REMOVA	AL 236. DATE / 23c. N	AME OF CEMETERY OR CREMATORY	23d. LOCATION  CHYORTOWN COUNTY (STREET
2037BP	5	urial	10/30/81 AK	buys Mem. YARK	IARDITUS KAKAO MI. D.
DHMH-16 30M 2/80	24. FL	INERAL DIRECTOR	ADDRESS	250. DAT	E REC'D. BY REGISTRAR 256. REGISTAR'S SIGNATURE
(VRA 15, 4)	K	e DID FUNERA	41 Home 520014	ORKKA. NO	19 1981 Chances Jan Miller

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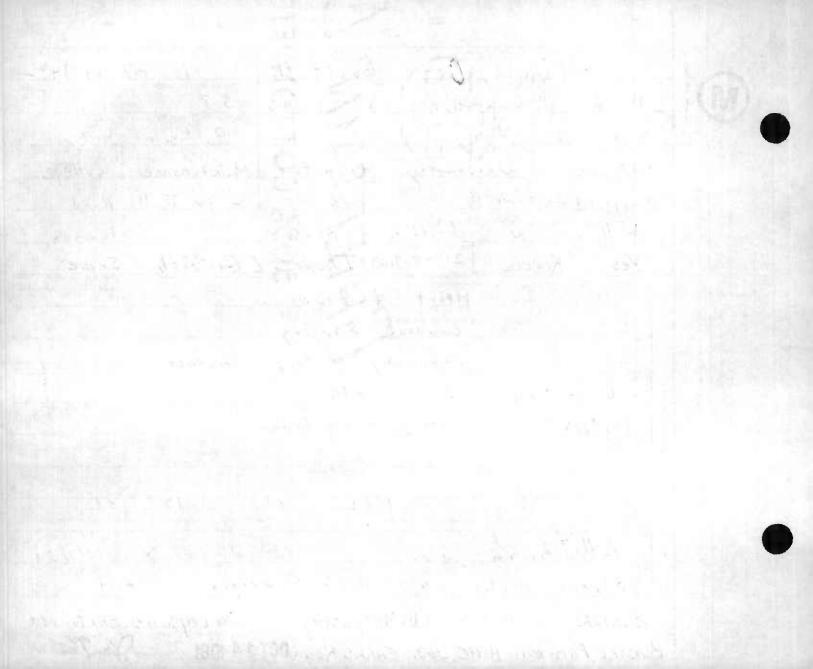
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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hysica poper povol.		18 CAUSE OF DEATH Ente PART I. DEATH WAS CAI	r only one cause per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ratherding physician.  When this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove corbon papers. Pages I and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal.  Once a show sony injury, are other traumatic event, the medical examinermust be recovered or them 18 shows any injury, are other traumatic event, the medical examinermust be recovered.	z	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 110
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nos be permine prime pri	FICA	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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TO HOSPITAL ( TO FUNERAL I should be deto with the Store I		11/684	m. La, mis. 22 S. breene	Treet
nall	23a	SURIAL, CREMATION, REMOV		V VWN COUNTY STATE
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OHMH - 16 50M 1/81 (VRA 15, 4)	24 F	UNERAL DIRECTOR	250. DATE REC'D. BY REGIS	THAR 256 REGISTRAR'S SIGNATURE
(AUV 13' 4)	1	URGEE FUNE	RAL HOME 3631 FALLS ROAD WCT 14 1981	Scaness Jan Kerther

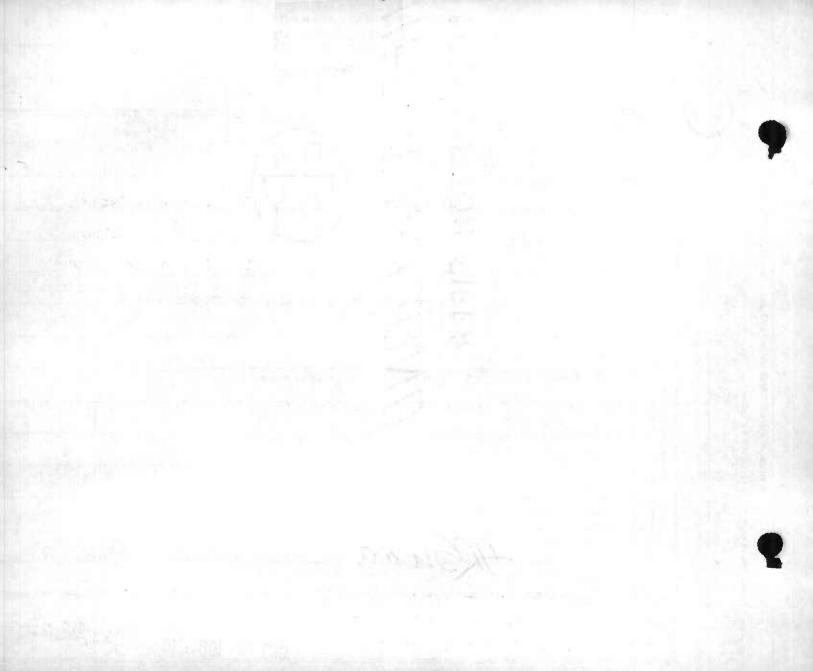


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME OF ESTI-GRODNITZKY (TYPE OR PRINT) 10 Martin 4 RACE 5. DATE OF BIRTH 3 SEX 6. AGE (IN YEARS IF UNDER 24 HRS DATE 24 HOUR LAST BIRTHDAY white PRONOUNCED male FEB. 19,1944 37 YRS 10 28 ,81 6:12P DEAD To BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRYS 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY WASH., DC USA Baltimore City DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS ot in such facility, give street address)
Sinai Hospital SELF-EMPLOYED FURNITURE Baltimore CO. UAL RESIDENCE (IF IN NURSING HUME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS 14 COBBLER CT. 13d. INSIDE CITY LIMITS? MARYLAND BALTO. #21208 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME PAGES 1 AND 2 MIDDLE ANNE ISADORE KIRSCH GRODNITZKY 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 16b SOCIAL SECURITY NO ISADORE GRODNITZKY DIVISION (YES, NO, OR UNKNOWN) 215-40-2418 #21208 ALONG WI CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY Gunshot wound of head Weapon: Rifle IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES X NO [ 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR UNDERLYING 10:37 PM 10/26 81 self inflicted gunshot wound CONTRIBUTING CAUSE OF DEATH 210 PLACE OF INJURY (AT HOME 211 LOCATION 21d. INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) Balto Co. MD PACE 4 SHOULD BE FORWARD TO FUNEAL DIRECTOR: PACE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 14 Cobbler Court. home 22a. I certify that I took charge of the remains described above, held an and in my opinion Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant 10/29/81 DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Hormez R. Guard. M.D. Penn Street, Balto., MD 21201 ADDRESS 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b DATE BURIAL OCT.29,1981 WORKMEN CIRCLE BALTIMORE BP MARYI.AND 24. FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 250. DATE REC'D. BY REGISTRAR 256 AEGISTRAR'S SIGNATI **DHMH-17** (VR A15 ME (5)) 6010 REISTERSTOWN RD. BALTO. MD 21215

15M 2/80

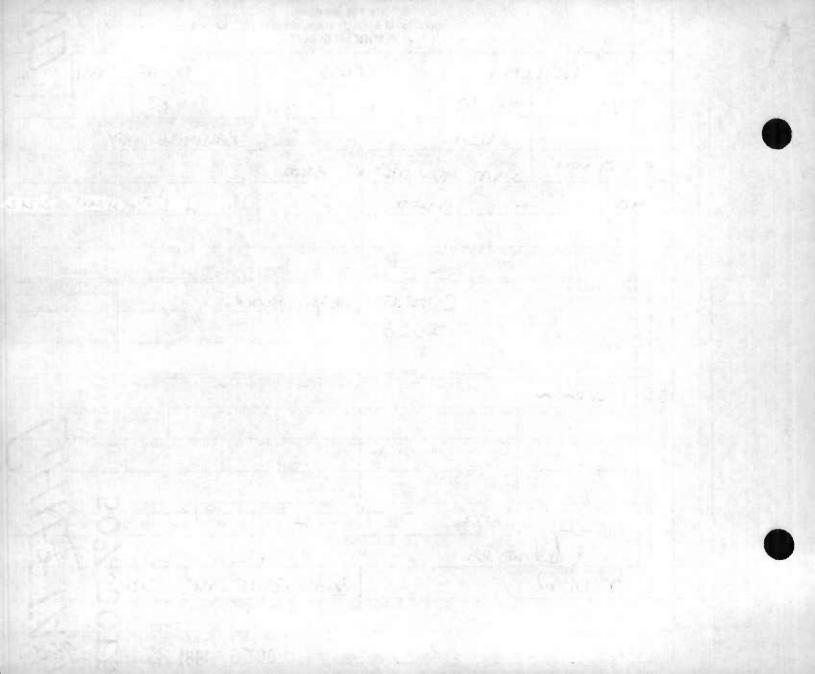
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE KNOWN XXX MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 8 8 10 **FREDERICK** Gross 19 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DAY 2d HOUR DATE PRONOUNCED MONTH YE AR LAST BIRTHDAY) 9:30 1.81 10 24 19 62 DEAD YRS black male 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH AM TO BIRTHPLACE (STATE OF MARRIED NEVER MARRIED X FOREIGN COUNTRY) USA Baltimore City WIDOWED DIVORCED ES 1, 2, AND 3 TO THE PLAND 3. RETAIN PAGE 5 (ND 2 SHOULD BE FILED) FUITAL RECORDS, 201 W. IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! Bradford Street Raltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 412 N. Bradford Street Baltimore YES T NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, MIDDLE AND OF VIT MIDDLE LAST FIRST Frederick H. Gross Agnes Johnson FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS PAGES 1 166 SOCIAL SECURITY NO DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Freida Hurtt 412 N. Bradford Street 214-18-7831 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) RD "PENDING" IN PENCIL IN ITEM 18.
USED AS A BURIAL - TRANSIT PERMIT.
OF HEALTH AND MENTAL HYGIENE, DRINGLIN, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19n. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOW EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USING AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIA YES [ 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY TIC HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION 21d. INJURY OCCURRED STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY AT WORK NOT WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian Hamicide L Undetermined manner death resulted fram: Natural causes Suicide TITLE (SPECIFY) ACTUAL DATE 10/8/81 SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn Street Balto . MD 21201 Guard 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL CREMATION REMOVAL 23b. DATE CITY OR TOWN SPECIFY Md Arundel Co Buria] 10/12/81 Mt Calvary Cem Anne 24, FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAT 351GM **DHMH-17** William C. March E/H 1101 E. North Avenue 1981 (VR A15 ME (5)) 15M 2/80



William C. March F/H 1101 E. North Ave

STATE OF MARYLAND



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME 20. DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) GLENN EDWIN GUTHRIE 10 81 30 1:00AM 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 05 DAY 26 YEAR MALE WHITE 55 IO, BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY) IOWA U.S.A. BALTIMORE, CITY DIVORCED XX WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Building Siding Cont. BALTIMORE VAMC, LOCH RAVEN 130 STATE Carroll 13e. STREET ADDRESS MARYLAND Hampstead 505 HOUCKSVILLE ROAD 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST  $\dot{\mathbf{E}}$ C. ORIE GUTHRIE WINONA SIMPSON 160 WAS DECEASED EVER IN U.S. ARMED FORCES?
(YES 45 - 46 N)

YES 48 - 50

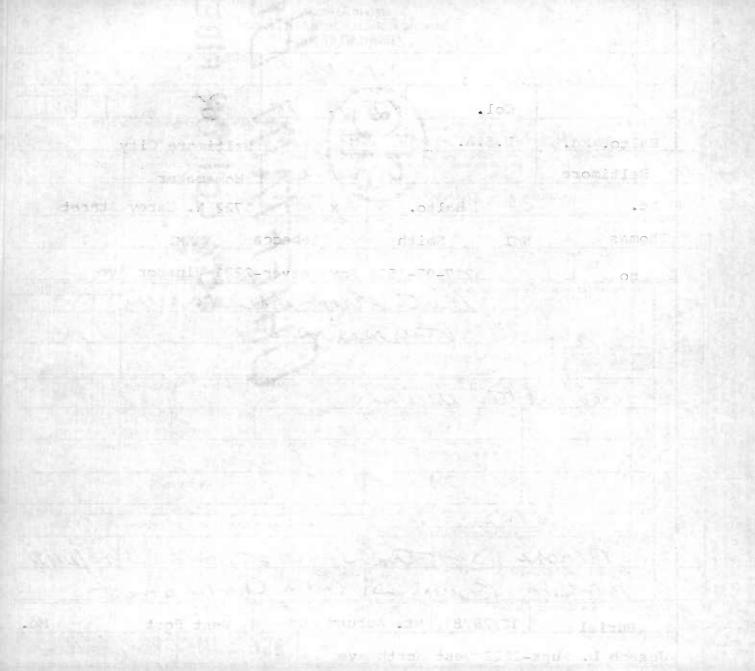
WWII 166 SOCIAL SECURITY NO. (Brother) ADDRESR t#2 17 INFORMANT 481 26 4367 Robert O. Guthrie Newton, Iowa 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b) and (c) PART I. DEATH WAS CAUSED BY Cell Curcinoma 6 in ont DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that X (this haspital) attended the deceased fram. 10 - 3081 that 30 (we) last 81 saw the deceased alive of abave. (1) (we) (did) with the body after death . and that in (🔏) (our) opinion death accurred an the date and haur and from the causes stated 226. SIGNATU DEGREE 22c. DATE SJGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Och Raven Hosp 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b DATE Burial Newton Union Cem. Newton Jasper Fleming Funeral Service Benson, Md.

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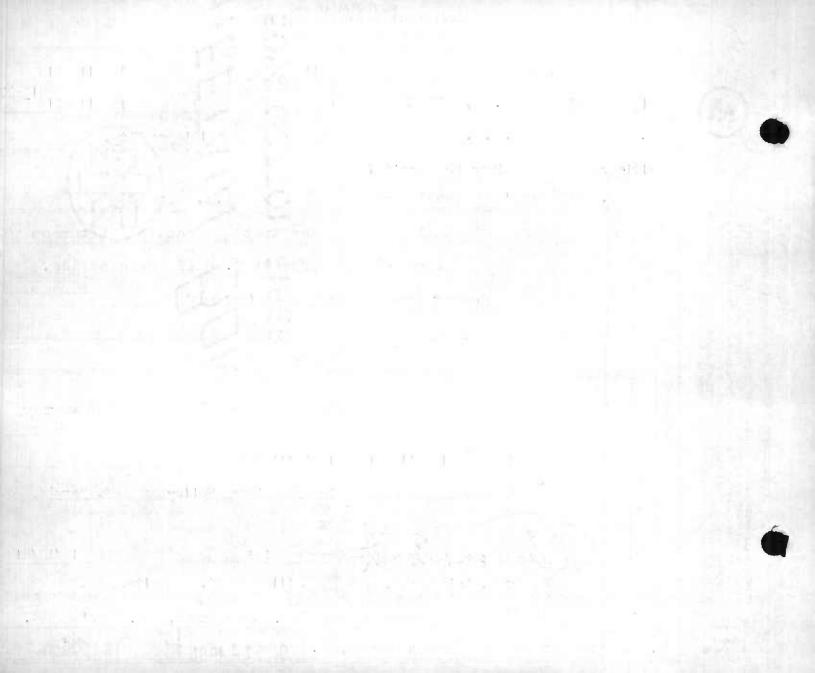
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		DO CA -	1.10		-	DEGREE ATTENDING	A MEDICAL STA	FF	22c. DATE SK	GNED
1	9	Milars	N	201	inu	PHYSICIAN	DIRECTOR   PHYSI	CIAN	10/2	71/11
		274 PHYSIGIAN'S NAME INF	E DEMINITY	1		22e ADDRESS	0.	0		1,830,5
1		MARSH	A Br	DUN	mi	4113.	Charles	Stre	est	
1		BURIAL, CREMATION, REMOV	AL 23b. DATE			METERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
		Burial	10/28	/81 M	t. Au	burm Cem	West I		COUNTY	Ma.
		UNERAL DIRECTOR		4000000		250.04	TE PEC'D BY PEGISTRAF	254 EGISTR	R'S SIGNATUR	276
	J	oseph L. Rus	ss-2222	West No	orth	Ave	14 9 1901		01	



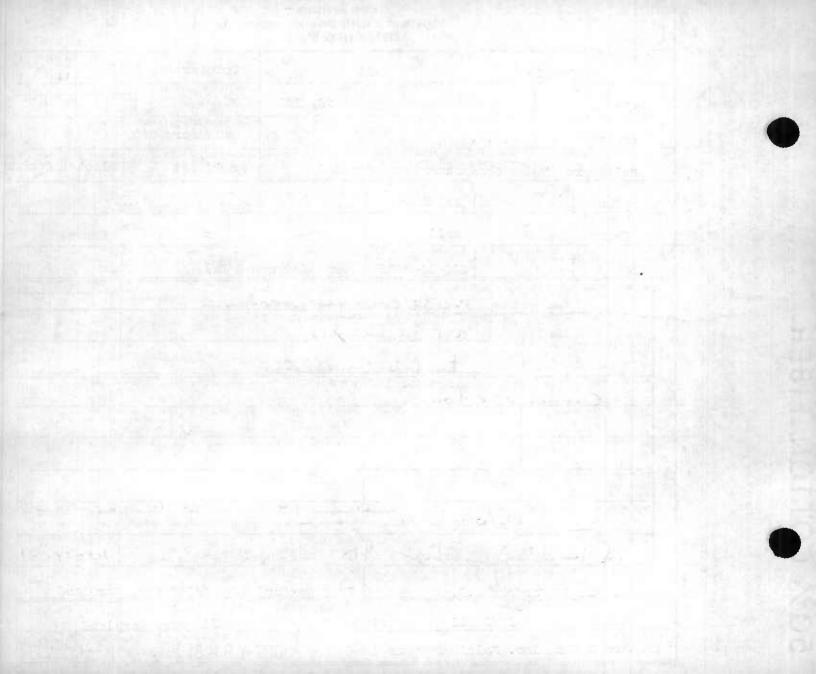
		CEASED NAME FIRST E OR PRINT)		DDLE	LIA	AST /	REG. NO.  20. DATE OF DEATH MONTH DAY	YEAR 26 H
	3. SE		I4 RACE		S. DATE C	F RIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF L	UNDER I YEAR IF UN
		Female	Wh	ite.		23 1901	80	NTHS DATS HOUR
		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W		8		9 BALTIMORE CITY OR COUNTY OF	FDEATH
35		aryland	U.S.	Α.	WIDOWE	DINEVER MARRIED DINORCED	Baltimore Cit	v
37		BALTIMOY E	(IF NOT IN SUCH	KCY A	ADDRESS)	PROTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUS INDUSTRY Movies
5	13a S	AL RESIDENCE HE NURS HOS TOME	UNTY	IVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
2	14 F/	ATHER'S NAME	.A.	PASANE	NA	YES NO X	307 Magothy B	Ivd
20	)	FIRST	MIDDLE	LAST		FIRST	MIDDLE	LAST
	16a V	Franklin WAS DECEASED EVER IN U.S.	ARMED FORCES? 11	Scott 16b. SOCIAL SECU	IRITY NO.	Annie	E .	
21			SIVE WAR OR DATEST			Anna E. Av		е
-						711111C D 1 11V	arro Bame as 1)	APPROXIMATE IF
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU		Myer		morandial -	1.1.4	BETWEEN ONSET
		4100 IMMED	ATE CAUSE (o)	U		The Contract of	The state of the s	
		7700	DUE TO, OR	AS A CONSEQUE	ENCE OF	V		TO A TORS
		Canditians, if any, which gove rise to immediate	(b)					
		couse (a), stating the	DUE TO, OR	AS A CONSEQUE	ENCE OF			
		couse (a), stating the underlying cause lost	DUE TO, OR	as a conseque	ENCE OF			
	Z	couse (a), stating the underlying cause last	(c)			NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITION GIVEN	IN PART 110
	ATION	couse (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICAN	(c)	NTRIBUTING TO [	DEATH BUT		The Like East Mark	
2	FICATION	couse (a), stating the underlying cause last	(c)	NTRIBUTING TO [	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	200 AUTOPSY? 206 IF YES, W	VERE FINDINGS UNG CAUSES OF DE
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7		COUSE 101, stating the underlying couse lost  PART 2 OTHER SIGNIFICAN  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE THER NOTIFY MEDICAL EXAMINATION OF COURRED  WMILE NOT WHILE ALL WORK  220.1 certify that (I) (this has sow the deceased of live obove, I) (we) (did) (did)  220. SIGNATURE)  2224 PHYSTCIAN'S NAME LYPE	19b. CONDITIONS CON ITIONS CON 19b. CONDITIONS CON 19b. CONDITIONS CONDITIONS CONDITIONS CON 19b. CONDITIONS CONDITIONS CON 19b. CONDITIONS CON 19	INJURY MONTH DA FINJURY TACTORY OFFICE, F	OPERATION  AY YEAR  19  ARM ETC.)	21t. HOW INJURY OCCUR  21t. LOCATION STREET  , 19 d that in (my) (aur) apinian DEGREE  ATTENDING PHYSICIAN [ 27e ADDRESS 36	200 AUTOPSY?  200 IF YES, W YES   NO PROPERTIFYIN YES   YES    CITY OR TOWN    10	VERE FINDINGS UNG CAUSES OF DID  ORPART 2)  COUNTY  that (indifferent the cause)
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7	WEDICAL MEDICAL	COUSE 101, stating the underlying cause lost  PART 2 OTHER SIGNIFICAN  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 1 (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK AT WORK  270.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did)  272b. SIGNATURE  272d PHYSTCIAN'S NAME (ME)  272d PHYSTCIAN'S NAME (ME)  38URIAL, CREMATION, REMOV, BURIAL  SPECIFY)  BURIAL	19b. CONDITIONS CON 19b. C	INJURY MONTH DA FINJURY TERACTORY OFFICE, F ther death.	OPERATION  AY YEAR  19  ARM ETC)	216. HOW INJURY OCCUR  216. LOCATION STREET  216 LOCATION STREET  ATTENDING PHYSICIAN [ 270 ADDRESS 30 MENCY / COMMETTERY OR CREMATORY Redeemer Ce	200. AUTOPSY?  200. IF YES, WAY CERTIFYIN  YES NO PARTICIPATION  NEED (ENTER NATURE OF INJURY IN ITEM 18. PARTI  CITY OR TOWN  10 19.  death occurred on the date and hour or  MEDICAL STAFF DIRECTOR PHYSICIAN  1 ST PAUL ST.  237 HALLO MD  138 LOCATION  139 LOCATION	VERE FINDINGS UNG CAUSES OF DE NO 1 ORPART 2)  COUNTY  8/ that (1)  nd fram the causes  22c. DATE SIGNE  2/20/  COUNTY

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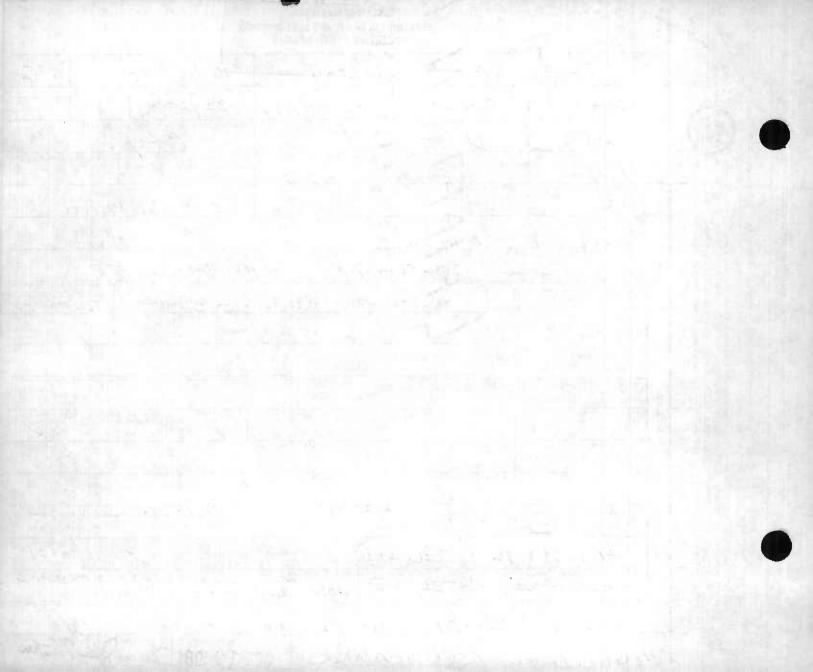
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE DECEASED NAME KNOWN X 2a. DATE 2b. HOUR (TYPE OR PRINT) OF ESTI-Kenneth 10 11981 Hal 6 AGE IN YEARS IF UNDER 1 YR. 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Nov.13,1963 Male White DEAD 198 76. CITIZEN OF WHAT COUNTRY? LE BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. Md. WIDOWED DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! University Hospital AND "PENDING" IN PENCIL IN 1EA 18. GIVE PAGES 1, 2, AND 310. CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. REFAIN PICKED AS A BURIAL-TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE 10F HEALTH AND MENTAL HYGIENE, DIVISION GEVITAL PECCENTAL CREMATION, OR REMOVAL. Baltimore USUAL RESIDENCE IN NURSIN Ta. STATE Mary's HOLLYWOOD 13d. INSIDE CITY LIMITS? Rt. I, Box Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Hall MIDDLE Lathroum Joseph Henry Margaret Cecelia 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS TYES, NO, OR UNKNOWN) 218-88-7503 No Margaret C. Hall Same as 13e. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of head (handaun) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION E3 SHOULD BE USED A DEPARTMENT OF HEA 31 PRIOR TO BURIAL, C 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? HEATOPSON LY YES X NO 21g FXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR & MONTH DAY WRITING THE CONTRIBUTING CAUSE OF DEATH 8:31 P.M. 10 119 self inflicted 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEAT DIRECTOR: PAGE 35 AFTER DEATH, WITH THE STATE DEBAH, WITH THE STATE DEBAH, WARYLAND, 21201 PF STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE behind Emma Lane, Hollywood St. woods Mary Inquiry 220 I certify that I took charge at the remains described above, held an Autopsy and in my apinian death resulted fra Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy Chief MEDICAL EXAMINER 10/12/81 DATE SIGNATUR EXAMINER'S NAME Thomas D. Smith, M.D. III Penn St. Balto., MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b, DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial Bushwood. 10/14/81 Sacred Heart Cem. St. Mary's BP 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE DHMH - 17 Mattingley Leonardtown, Md. Clarke (VR A15 ME (5) 15M 2/80



STATE OF MARYLAND



le	1.	FOR STATE REGISTRAR	DEPA	STATE OF MA RTMENT OF HEALTH CERTIFICATE	AND MENTAL HYGI	IENE 8 1	2 5	950
ay be age 3 death		CEASED NAME FIRST	MIDDLE	HAMILTO	)/V	20 DATE OF DEATH	1981	7EAR 26 HOUR 5350
re 4 may b	3. SE	FEMALE	4 RACE BLACK		05/1949	6 AGE (IN YEARS LAST BIRT		DER I YEAR IF UNDER 24 HRS
oth. Poo		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8	EVER MARRIED DIVORCED	9 BALTIMORE CITY O	R COUNTY OF D	EATH
by the filed w	10 C	Bis 140	11. NAME OF HOSPITAL, NUF	RSING HOME OR OTHE		120 USUAL OCCUPATION OF OF WORK FOR MOST OF		b. KIND OF BUSINESS OR IDUSTRY
24 haurs illed in bould be fi	130	AL RESIDENCE (IF NURSING HOME COL	OR OTHER INSTITUTION GIVE RESIDENCE BE JINTY 130, CITY OR T			130 STREET ADDRESS	llers Pt	- R J
mpletely fand 2 sho	14. F/	ATHER'S NAME FIRST	MIDDLE H		THER'S MAIDEN NAM		MERS TT	LAST
and compages 1 o			RMED FORCES? 16b SOCIAL SI	ECURITY NO 17 INF	ORMANT HAL	ADDRE	SS / R	ON AS
rtificate by physiciar and appears. emaval.			only one couse per line for (o), (b) ED BY: ATE CAUSE (o)	Ond CO	RENAL	CELL CHRC.	IMOMA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TEN MONTHS
not the death ce by the attending sse remove carb scremation, arr ather traumatic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE					
equires the signed the please for the please for individual, and injury, and i	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RE	LATED TO THE TERMI	nal disease or cond	ITION GIVEN IN	PART Iro
an. has been to permit. ene prior ows any i	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS F	PERFORMED	200 AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH?
PHYSICIAN: TI ending physici this certificate te burial-transit ad Mental Hygi d ar them 18 sh		21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE		DAY YEAR	OW INJURY OCCURRE	ED (ENTER NATURE OF INJUR		
ke a te at	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	211 LO	CATION	CITY OR TOV	VN CO	OUNTY STATE
TTENDIN putal ar e TOR: Aft far use as af Health 21 is mar			n 10/16/98/19		(my) (our) opinion de	eoth occurred on the do	1981. 19_ te and hour and	, that (I) (we) last from the causes stated
AL OR A the has AL DIREC letached ste Dept. T: If them		226. SIGNATURE HULLSU	in Pater	un DEGREE	ATTENDING PHYSICIAN	MEDICAL STAF	F _/	10/16/81
TO HOSPITAL etained by H TO FUNERAL should be der with the State IMPORTANT:		22d PHYSICIAN'S NAME ITYPE	M. PATEL,	MD	DORESS BERC	UNIVERS	4.5	MARYLAND
BP		SURIAL, CREMATION, REMOVAL	10/32/8/	30 NAME OF CEMETER		23d LOCATION CITY OR TOWN	(cour	
DHMH - 16 50M 1/81 (VRA 15, 4)	19.7	INERAL DIRECTOR	la 13118	SIOn the		REC'D. BY REGISTRAR	75b. REGISTRA	SIGNATION Warthen



injury, or other troumotic event, the

with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If them 21 is marked or Item 18 shows any

STATE OF MARTLAND								
DEPARTMENT OF HEALTH AND MENTAL HYGIENE								
CERTIFICATE OF DEATH								

	1-	STATE REGISTRAR		DEPARTM		ICATE OF DEATH	REG. N	C C	3 /	2 1
		CEASED NAME FIRST	MIDD	PLE		AST	20 DATE OF DEATH		YEAR	26. HOUR
ı	(117)	Minni	e	H	amil	ton	October	18. 19	81	1:25A
ı	3. SE)		4 RACE	1424.	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY) IF	F UNDER 1 YEAR	IF UNDER 24 HRS
		Female	Blac	k	MONT 8	15 21	60	YRS	DNIHS DATS	HOURS MIN.
٦	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	AT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
1	, T	N.C.	USA		WIDOW		Baltimor	e City	,	AA
-	10 C1	TY OR TOWN OF DEATH	11. NAME OF HOS		G HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	126. KIND C	OF BUSINESS OF
5	Ва	altimore	Marylan			ospital	(TYPE OF WORK FOR MOST	OF WORKING LIFE)	INDUSTRY	
	USUA	AL RESIDENCE (IF NURSING HOME OF TATE	OR OTHER INSTITUTION GIVE	E RESIDENCE BEFORE	ADMISSION)					
5	130. 0	MD		Baltim	ore	13d. INSIDE CITY LIMITS?	645 N.	Paca	St.	
	14. FA	THER'S NAME				15 MOTHER'S MAIDEN NA	ME			
	=1/	- FIRST	WIDDLE	LAST		FIRST	WIDDLE		LAS	T
		VAS DECEASED EVER IN U.S. A		SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
		VES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	N/A		William Sq	uire 645	N. Pa	ca St	
		18 CAUSE OF DEATH (Enter of	only one couse per line							MATE INTERVAL
1		PART   DEATH WAS CALLS	SED BY: ATE CAUSE (0) My			farction			Two	
		4100		Daniel Bright		20100202				24,15
		Conditions, if ony, which	(b)	S A CONSEQUE	NCE OF					
		gove rise to immediate couse (a), stating the	DUE TO, OR AS	A CONSTOLIE	NICE OF			Design to		
		underlying couse lost.	(c)	S A CONSECUE	INCE OF					
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN	V IN PART 10	01
	ON	Sepsis,	Hypothe							
)	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	206. IF YES, V	WERE FINDIN	NGS USED
	TE						YES NO	YES	ING CAUSES	NO [
	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF IN		Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2}	
	CAL	OR CONTRIBUTING CAUSE OF D	CAIN	MONTH DA	19	- 1,5				
	MEDICAL	216 INJURY OCCURRED	21e. PLACE OF I	INJURY FACTORY, OFFICE, FA	. D 526.)	211 LOCATION	CITY OR TO	wN	COUNTY	STATE
	2	WHILE NOT WHILE AT WORK	TAT HOME, STREET	PACTORY, OFFICE, FI	ARM, EIC }	JIREET	Cirronia			STATE
		220 1 certify that X (this has	pital) attended the de	eceosed from	ctobe	r 15 19 81		c 18 , 19	81	that X (we) los
		sow the deceosed olive o obove, <b>X</b> (we) (did) (d <b>X</b> )	on October	18 19	810	nd that in ( our ) opinion o	deoth occurred on the d	ote and hour o	and from the	couses stated
		22b. SIGNATURE	1 /	2		DEGREE			22c. DATE	SIGNED
		Robert	and	ey	- /	MO ATTENDING PHYSICIAN	MEDICAL STA		10/3	18/81
		224. PHYSICIAN'S NAME (TYPE	OR PRINT)	1		22e. ADDRESS				
		Robert	Amonluna	M	0	c/O Marylar	nd General	Hospi	tal	
		SPECIFY)	L 236. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION			MD
		Burial	10/21/0	1 Mt	A1	iburn Cem.	Baltin	nore	COUNTY	MD

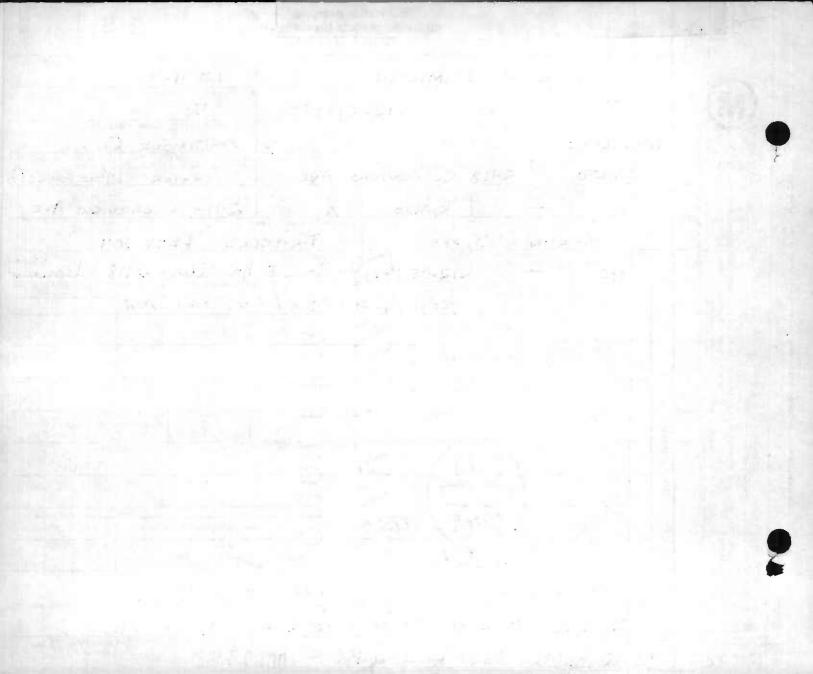
DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR 1101 E. North Ave. C. March F/H Wm.

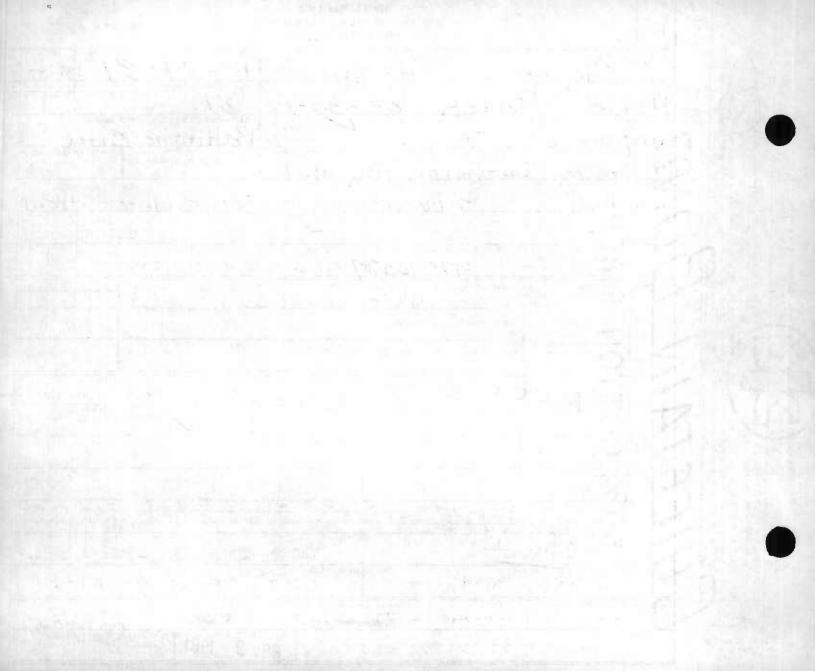
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Se to	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		2595	2
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(mm)	3 SE	X	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIR		1RS
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115 85	0	RTHPLACE ISTATE OR FOREIGN OUNTRY)  ARYLAND	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	7	OR COUNTY OF DEATH	MD
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212	USU 13a. :	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION) 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	CLEARVIEW AVE	
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DR ATTENDIN hospitol or or inRECTOR. Affi thed for use or eept. of Heolth them 21 is more		22a. I certify that (1) (this hasp saw the deceased alive an above, (1) (we) (did) (did 22b. SIGNATURE		, 19, and that in (my) (our) opinion DEGREE		, 19, that (I) (we) ate and hour and from the causes stated 22c. DATE SIGNED	
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275/BP	(	URIAL, CREMATION, REMOVAL	1 1 1	NAME OF CEMETERY OR CREMATORY ENDOWRIDGE CEM			
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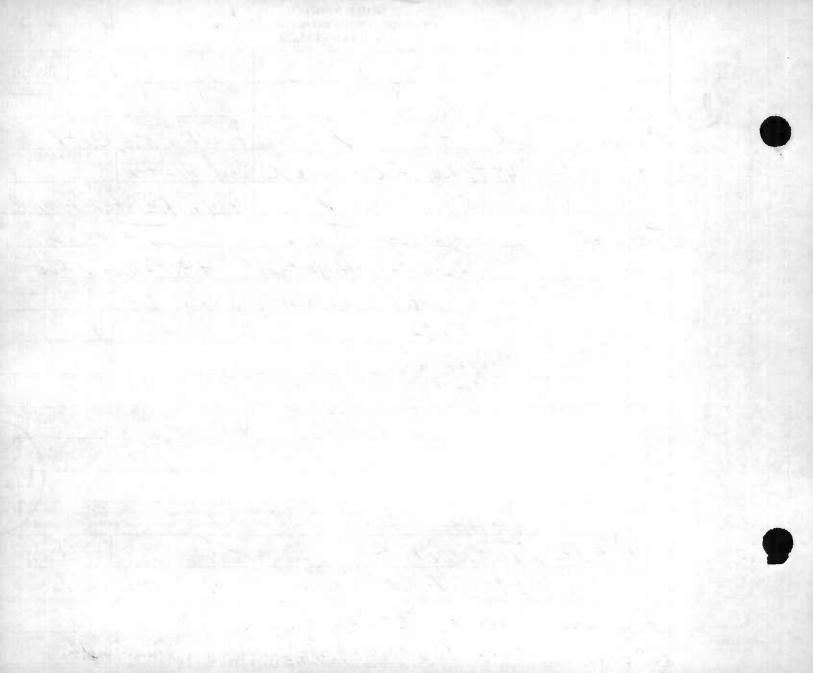
STATE OF MARYLAND



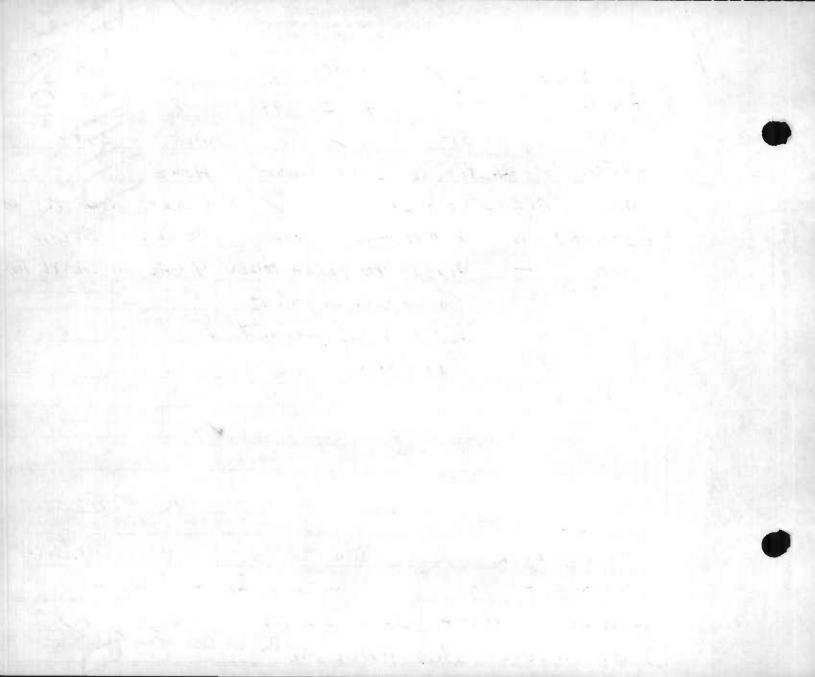
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n by the e filed	4	Baltimore	NAME OF HOSPITAL, NURSING HOA (IFNOT IN SUCH FACILITY) GIVE STREET ADDRESS)	stown Rd	120 USUAL OCCUPATION OF WORK FOR MOST OF	F WORKING LIFET INDUSTRY
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BALTIMORE, cate be executed by sistent and compers. Pages 1 word.		VAS DECEASED EVER IN U.S. ARME (ES, NO OR UNKNOWN) (IF YES, GIVE W.		Hilda Paul	ADDRE 4/3/	FAIRVIEW AVE
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AL RECOR	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	ION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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BIVISION C ENDING PHYSIC toll or attending DR. After this cei r use as the buric Health and Men Health and Are	WED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.	21f. LOCATION STREET	CITY OR TOW	N COUNTY STATE
pertol TOR for us of He		220. I certify that (I) (this haspital saw the deceased alive an above, (I) (we) (did) (did not) v 22b. SAGNATURE	6110 19 84		death accurred on the do	te and hour and from the causes stated
0 = 0 20 7	(	278. PHYSICIAN'S NAME (TYPE OR PA	tanmo	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAF	
TO HOSPITAL retained by the TO FUNERAL should be detrived with the Store IMPORTANT:	23a. I	Javanation, Removal	23b. DATE 23C. NAME C	FRI MENY	123d LOCATION	mai Hostabel
15/3 BP	Z	JNERAL DIRECTOR	10/26/81 Mt	Alurey Come	ta Balt	Imal COUNTY OF STATE  25h REGISTRAR'S SIGNATURE
DHMH - 16 50M 1/76 (VR A 15 (4))	h	IN BROWN COM	MF.H. 1206-08 W	1. North Aut DC	T 2 8 1981	hem Janton



J	1 -	FOR STATE REGISTRAR		DEPART		CATE OF DEATI		8 REG. NO	2	3 4	5/
page 3		CEASED NAME FIRST		MIDDLE L. V.		ARE.	20. D	ATE OF DEATH	ct. 20	0/	. HOUR
ee 4 may crip, pag	3. SE.		1 RACE	ite	5 DATE O		6 AG	E (IN YEARS LAST BIRT			UNDER 24 HRS OURS MIN
Secret Par	C	RTHPLACE (STATE OR FOREIGN	V.	SA	WIDOWE	LAND	ED 🗆	BALT	R COUNTY O	CITY	MD.
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equires that the death as n signed by the attendia Then please remove cart rta bunal, crematian, ar injury, or ather traumatic	NOI	Canditions, if any, whi gave rise to immedia cause to inderlying cause to part 2 OTHER SIGNIFIC	ch (b)_ ite he st (c)		ENCE OF		HETERMINALD	DISEASE OR CON	DITION GIVEN	N IN PART 1(a)	
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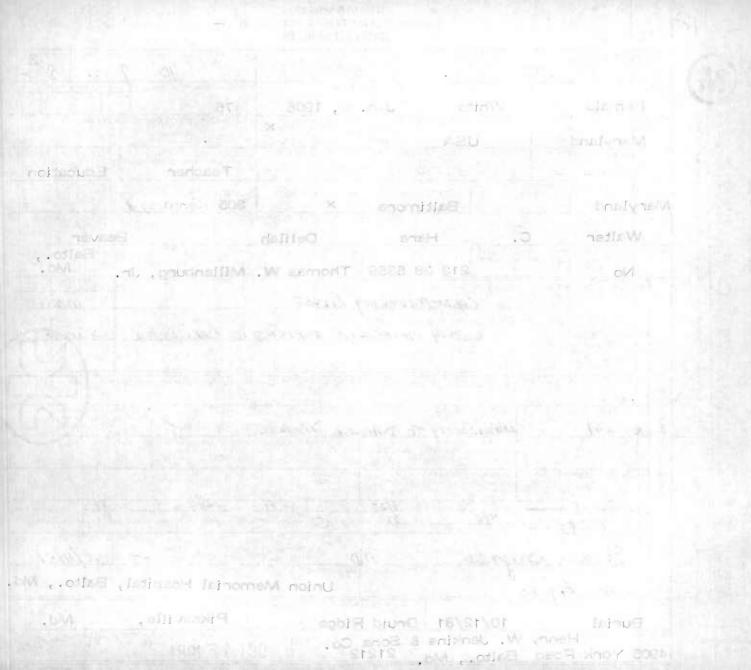


(VRA 15, 4)

4905 York Road

Balto. Md

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



PCT	4		FOR - STATE REGISTRAR		DEPAR	CERTIFI	OF MAKTLAND ALTH AND MENTAL F CATE OF DEATH	HYGIENE 8	REG. NO.	5 9	5 9
oy be	deoth		CEASED NAME E OR PRINT)	CLEDI			ARGROVE	2a DATE OF	10-0		2b. HOUR 6:00pm A
Poge 4	director, pours offer	4	Antemale		Black	5. DATE OF	- PAY YEAR	6	EARS LAST BIRTHDAY) YRS.	MONIHS DAYS	HOURS MIN
deoth	d grene	D	IRTHPLACE   STATE OR FO		CITIZEN OF WHAT COUNTRY	WIDOWE		IN BA	HE CITY OR COUNT	200	MD OF BUSINESS OR
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YLAND 2	ely filled ! should b	M	Ary And	NE COUNTY	177.7.2.7.1.1.2.	LOVE	YES NO 1	1433	Mulia	AN C	ourt
Cuted wit	Completion of Standard	J	VAS DECEASED EVER II	V U.S. ARME	3, SMIH	1	CAPHE 17 INFORMANT		ADDRESS 177	SMIT	5
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours	cion ond ceers. Pages 1	(	YES, NO OR UNKNOWN)	(IF YES, GIVE W	312-18-	3782		Under	. 1/	OY E,	MATE INTERVAL
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requires	en signed t. Then ple or to buric y infury, o	TION	MASSIVE BL	EEDING	ODITIONS CONTRIBUTING TO	DIVERTI	CULOSIS, COL	ERMINAL DISEASI	E OR CONDITION G		01
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DHMH - 16 50M 1/B1 (VRA 1S, 4)

24 FUNERAL DIRECTOR

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Item 17 G 560 10/14/81 GAB

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6009 Harford Rd., Balto., Md.

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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	-			STATE OF MARYLAND	19	279 1944	5 6 1
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ojp4u/	YES, N	DECEASED EVER IN U.S. A O OR UNKNOWN) (IF YES G	IVE WAR OR DATES) 50 100 7	17. INFORMANT 6-8978 Yvonne Wilke	ens 5015 Pemb	bridge Aven	UE XIMATE INTERVAL LONSET AND DEATH
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Control		ACCIDENT WAS UNDERLYING [ CONTRIBUTING ] CAUSE OF DE		DAY YEAR	YES NO	YES 🗌	NO 🗆
rked or Item	21d we	INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	21f LOCATION	CITY OR TOW	N COUNTY	STATE
	2.2	I certify that (I) (this hosp	pital) attended the deceased from			31/ 1981	that (I) (we) la
tem 21 is me		sow the deceosed olive or obove, (I) (we) (did) (did n SIGNATUR,	n	ond that in (my) (our) opinion  DEGREE	death occurred on the dat		SIGNED
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10	] -	FOR STATE REGISTRAR				MENT OF H	EALTH	AND MI	ENTAL H		DEPARTMENT OF HEALTH AND MENTAL HYGIENE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.								
2000		CEASED NAME DE OR PRINT)	Donal	d	MIDDLE			auck			OF ESTI-	MONTH		ZEAR 75 HOL	JR M				
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PEAY IS N TO THE FU PAGE 5 BE FILED.		Baltimo	re	(IF NAME OF HOSPITAL, NURSING HOME, OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Baltimore City Hospit  OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)			FOR MOST OF WORKING LIFE			OF WORKING LIFE)			DUSTRY						
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- 14 M	14. FATHER'S NAME FIRST Reed				Hauc	LAST		Sar		NAME	MIDDLE		Hove	r					
ALTIMA AFTER AFTER H FOR H FOR ISION	16a V (Y	VAS DECEASED ES, NO, OR UNKNOV YES	EVER IN U.S. AR/	MED FORCES? WAR OR DATES)		16 827		Mrs.		ld Hau	ADDR		Aven	ne					
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DIVISION E: THIS CERTIFIC FE, WRITING TH RWARDED TO F. PAGA 3 SHOUL STATE DEPART O, 21201 PROR	MEDICAL	21d. INJURY OF WHILE AT WORK	NOT WHILE C	21e PLACE C STREET, FACTO				TREET		Сп	OR TOWN	c	OUNTY	STATE	E				
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNGRAL DIRECTOR: 8 AFTER DEATH WITH THE ST BALTIMORE, MARYLAND, 2	V-	ACTUAL SIGNATURE	NAME Manual	ge of the remains described for the remains	Accident U	D, suid	 D	TITLE (S.D. ASS		Undetermin	quiry , ned monner ( EXAMINER END Str	and in my o		)-7-81					
PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a. 8	URIAL, CREMAT SPECIFY) Buria	ION, REMOVAL 2		23c. I	NAME OF CEM	ETERY O		ORY	23d. LOCAT CITY OR TO Be 1:			UNTY	Pa.	=				
DHMH-17 (VR A15 ME (5)) 15M 2/80	24 F	UNERAL DIRECT		ADDRESS		05 Dund					ISTRAR 25b. F	REGISTRAR'S	SIGNATURE		_				

THE RESTRICT OF STREET The in \$11 Pro. countd Hause St. out Foun Avenue

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arres cabrangel 1000 Danminis Avenue

FOR - STATE

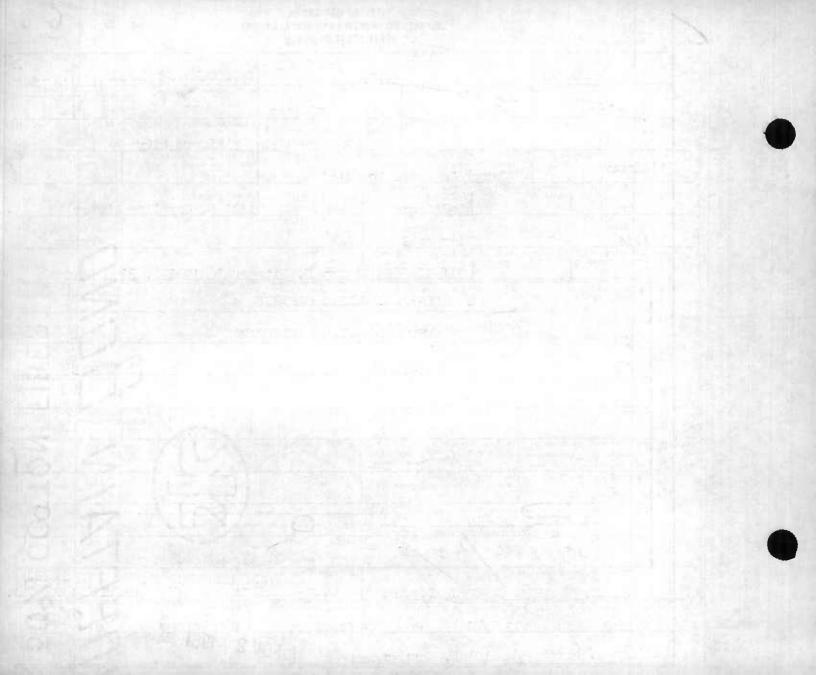
STATE OF MARYLAND	١,
PEPARTMENT OF HEALTH AND MENTAL HYGIENE	-
CEDTIEICATE DE DEATH	

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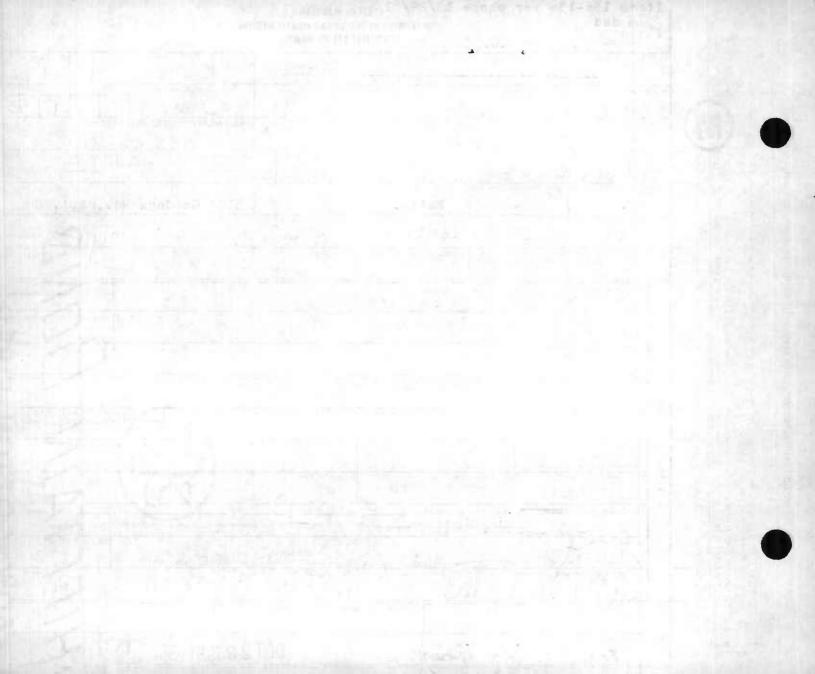
				AIDOLE	LAS	T		A DATE OF BEATH	AA CONTTA	DAY			
1.	. DEC	CEASED NAME FIRST	N					2a. DATE OF DEATH	MONIH	DAT	YEAR	26 HOUR	A
		ELLEN	1	T.	HAYES			OCTOBER,	30,19	981		7;15	
3	SEX		4 RACE		5. DATE OF	BIRTH	YEAR	6. AGE (IN YEARS LAST BIR	RTHDAY)	IF UNDER	DAYS	IF UNDER 24	4 HRS
		female	black		6	5	1902	79	YRS.		DAIS	NOURS	MIN.
2, 7	a. BIR	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	□ NEVER M	APPIED []	9 BALTIMORE CITY	OR COUNT	Y OF DEA	ATH		
3		Va	USA		WIDOWED		ORCED	Baltimore	city				MD.
400		TY OR TOWN OF DEATH		OSPITAL, NURSIN		OTHER INSTI	NOITUTI	12a USUAL OCCUPAT	ION	12b. k		BUSINES	_
5	ar.	timore		h Home a	_	nital		TYPE OF WORK FOR MOST	OF WORKING L	(IFE)   INDU	USTRY		
3	JSUA 30. SI	L RESIDENCE (IF NURSING HON	E OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)								
5	30. 3	Md 13b. Co	YINUC	Baltimo		3d. INSIDE CIT	NO [	13e. STREET ADDRESS 1405 N. Ca	malin	- Ct-			
14	4 FA	THER'S NAME		Darchio	-	76.5	MAIDEN NAM		COLITI	e su	reet		-
0	TaTa	FIRST	MIDDLE	LAST	1.7		IRST	WIDDIE			LAST		
_		llie VAS DECEASED EVER IN U.S.		Fitzgera		Ada 17. INFORMAN	J.T	ADDRI	FSS		Fost	er	
		ES NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)										
-	_	No		215–12–	5090 II	Henry S	S. Fitz	gerald 193	1 E.				
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA				a T				BE	APPROXIA TWEEN O	NATE INTERVA	AL EATH
-				LEKMINA	L CAR	CINOMA	ATOSIS						
- 1		IMMEDIATE CAUSE (a) TERMINAL CARCINOMATOSIS											
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		Conditions, if any, which	DUE TO, OR	AS A CONSEQUENCE METAST	ATIC I	LIVER	DISE	ASE					
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		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR	AS A CONSEQU	ENCE OF	DUCT	CELL	CARCINON					
	N	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAL	DUE TO, OR	AS A CONSEQUENT INFILTR	ENCE OF	DUCT	CELL	CARCINON					
	ATION	gove rise to immediate cause (a), storing the underlying cause last	DUE TO, OR  (c)  NT CONDITIONS CO	R AS A CONSEQUENT TO THE POLYP	DEATH BUT N	DUCT OT RELATED 1	CELL TO THE TERMI	CARCINOM <sup>A</sup>	DITION GI	VEN IN PA	ART 1(a		
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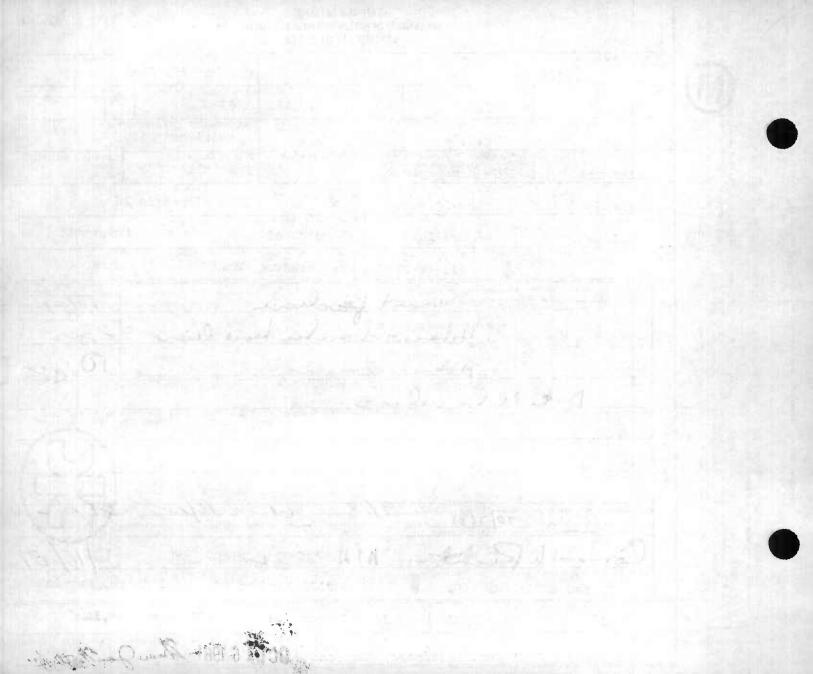
C. March F/H 1101 E. North Avenue

DHMH - 16 50M 1/81 (VRA 15, 4)



		. It	ems 13a-13e p	er phor	ne 10/29/	81 STAT	C OE MADVIAND			
			FOR CLAC				EALTH AND MENTAL HYG	ENE 8	2 5	16/
		1.	STATE REGISTRAR #1.14.pe	r B.C.7	/1/82 kar	CEDTIE	ICATE OF DEATH			
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de oth.	HWE		TO STATE ON TOREST	1) \$	A		D NEVER MARRIED X	Patrimore Cirio	K COOKT OF DEATH	7.
-		10 C	TY OR TOWN OF DEATH	II. NAME OF	HOSPITAL NURSIN	WIDOW	DIVORCED DIVORCED	12a USUAL OCCUPATION	WIE CIT	O OF BUSINESS OR
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BALTIMORE, MARYLAND 2120 cote be executed within 24 hours	be file	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	A GIVE RESIDENCE AFFOR	E ADMISSIONI	1100011012			
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ST.,			IMMEDIA	E CAUSE (0)	promo	1 and	1104.			
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0 %	C - L - E	CERTIFICATION	19a DATE OF OPERATION	101 . CO. I	Wie Lie e e la	00504710			Tan is use wises so is	
P. P	has been prior ows any	F.	DATE OF OPERATION	190. CONL	OTTION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUS	
TAL I	sho,	\ E	210. ACCIDENT WAS UNDERLYING	1 235 TIME (	OF INJURY		Tale HOW INTURY OCCUPA	YES NO	YES 🗌	NO 🗌
DIVISION OF VITAL RECORDS,	or this certificate has the burial-transit pe and Mental Hygiene ked or Item 18 shows		OR CONTRIBUTING CAUSE OF DE	110110 4	.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2	
N O N	cert vrial henten	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)		.M.	19	NI LOCATION			
OSI HA	ter this cer s the buria t and Ment	MED	21d. INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE, I	ARM, ETC.)	211. LOCATION	CITY OR TOW	N COUNTY	STATE
NO S	After the se os the olth ond marked	-	AT WORK			10	15169			
DIV			220.1 certify that (I) (the hosp saw the deceased alive on	1/1/1/1	he deceased from_	10	21 11 19	, to		_, that (I)-(we) last
	DIRECTOR: ached for us Dept. of He		abover the paid to be		offer death.		nd that in (my) (aur) opinian d	eath occurred on the do		
o i	L DIR		The Standard Con		2.0	1.	DEGREE	MEDICAL STAF		TE SIGNED
TAL	ERAL e deta State		V 01-1-10100	lls	- M.T.	11.0	HON PHYSICIAN			
HOSPITAL	d be She S		MIN PHYSICIAN'S NAME INTO	THEN !	.57	0	27e. ADDRESS	10.1	M.	
i o	TO FUNERAL DIRECTORS should be detached fwith the State Dept. of IMPORTANT, if them:		V H. K. H. Y.S	1,00	W.		Ibalt. CM	1789. Da	WWW.	MD.
7/ 75	E - 0 2 E	23a. E	URIAL, CREMATION, REMOVAL	23b. DATE	23ε. Ι	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
2032B	P			-						
	- 16 50M 1/76	24 FU	INERAL DIRECTOR	1.11	ADDRESS		250 DATE	PREC'D. BY REGISTRAR	25b. RECISTRA VS.SIGN	ATURE
(VF	A 15 (4) )		TIY LIO	wy.	Waran.		106	48 1981 /	Vaca Va	14.





- STATE

DHMH - 16 50M 1/B1 (VRA 15, 4) REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

25a. DATE REC'D BY REGISTRAD 25b. REGISTRAR'S SI

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hould the	130	Md.	AE OR OTHER INSTITUTION, GIVE RESIDE OUNTY 13c. CITY	OR TOWN	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 1212 Cox	St. 2121	
and 2 s	d	ATHER'S NAME FIRST  Edwin	*	LAST	15 MOTHER'S MAIDEN NA FIRST	AME MIDDLE	-en Cr	LAST
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ALTIMOR	be e		No	217.	-05-1065	Mr. Carl F. He	ffner, Same		
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DIVISION OF VITAL	PHYS endin this of bu	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTOR)		21f LOCATION STREET	CITY OR TO	WN COUNTY	STATE
N	ING a officer as the street of		AT WORK AT WORK		0.35.23				
	END of toll of		220.1 certify that (1) (this hosp sow the deceased alive on			nd that in (my) (our) opinion	death occurred on the d		, that (I) (we) lost
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d	632		URIAL, CREMATION, REMOVAL	. 23b. DATE		EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
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	1.	STATE REGISTRAR			CERTIF	ICATE OF D	EATH	REG. NO.		
		CEASED NAME FIRST		DDLE		AST		20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
	(TYPE	OR PRINT) LILL	IE	C.	H	EISE		OCTOBER	6 198	11:45
	1 SEX		4. RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YE	
		Female	Whi		9	15	85		RS.	
00		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W		8 MARRIE	D NEVER A	MARRIED T	9. BALTIMORE CITY OR COL		
2		laryland	U.S.A.		WIDOWE	DD DN	VORCED	BALTIMORE (		MD
10		BALTIMORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY GIVES STREET JOBPRESS) TAL			TITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Bookeeping 120. KIND OF BUSI INDUSTRY CITY Spring Wo			
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f		THER'S NAME					S MAIDEN NA	ME		
6	1	Charles	H.	Heise	2	1	Margare		1	Krause
Pages 1 a			GIVE WAR OR DATES)	66 SOCIAL SECU		17 INFORMA		ADDRESS	A	01007
		NO		218-01-8		Irene	A. He	ise 1819 Park		21227
		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per li SED BY:	ne for (a), (b), an	d(c1.)			1-,	BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
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7	CAL	OR CONTRIBUTING CAUSE OF	PEAIR		19					
1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE O	F INJURY	ARM ETC 1	21f. LOCATIO	NC	CITY OR TOWN	COUNTY	STATE
	2	AT WORK NOT WHILE				100		1.10	91	
		22a.1 certify that (I) (this ha	spital) attended the	deceased from_	1018	-10-1-	. 19			_, that (I) (we) last
		above (1) (we) (did) (did	not) yiew the body o	ter death.			(our) opinion	death accurred on the date on		
Ē		226. SIGNATURE	how	SIN	un	DEGREE	ATTENDING	_ MEDICAL STAFF _	22c. DA	ATE SIGNED
_		22d. PHYSICIAN'S NAME (TYP		V			PHYSICIAN [	DIRECTOR PHYSICIAN	]	
1		Paul Kard;				22e. ADDRES		ON AVE. BALTIF	ORE, MD.	21229
+		BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. 1	NAME OF C	EMETERY OR (	CREMATORY	23d. LOCATION		
	(	Burial	10/10/	'81 L	oudon	Park C	emeter	y Baltimore	COUNTY	Mary land
	24 FL	uneral director bbard Funeral	Ва	1to Me	1. 212	229		E REC'D. BY REGISTRAR 250 RE	EGISTRAR'S SIGN	Par Chan
	Hu	bbard Funeral	Home, Inc	. 4107 V	Vilker	as Ave.	00	T 9 1981 74	0	his against the same

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FOR

REGISTRAR

- STATE

126. KIND OF BUSINESS OR INDUSTRY SELF 130 STREET ADDRESS POULTON SAME HENDERSON APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Days DUE TO, ORAS A CONSEQUENCE OF Arterios Clerotic Cerebrovas cular Dis. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and fram the causes stated 22c. DATE SIGNED 10 -17-81 DIRECTORX PHYSICIAN 300 Armory Place (3D) Balto. Md 21201 CEMETERY DATE REC'D. BY REGISTRAR 189 REGISTRAR'S DHMH - 16 50M 1/81 (VRA 15, 4) H. NEWELL INC

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2h HOUR

-81

16

 page 3

corbon papers. Pages

After this certificate has been signed by the attending physician e os the burial-transit permit. Then please remove corbonpapers. F

IMPORTANT: If Item 21 is morked ar Item 18 shaws any injury, ar other traumatic event, th TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached far use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

within 24 hours after death. Page 4 may be

## STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	Е.	REGISTRAR			CEKITI	ICATE OF DEATH		REG. NO.		
		CEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF		DAY YEAR	26 HOUR
	(TYPE	ELDRU ELDRU	DGE HE	NSON			10	/29/81		12.65
	3 SEX		4. RACE	-10	5. DATE C	OF BIRTH	6 AGE INYE	ARS LAST BIRTHDAY)	IF UNDER I YEA	R IF UNDER 24 HRS
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	L BI	RTHPLACE   STATE OR FOREIGN	Black	WHAT COUNTRY?	8	0/10/9/		E CITY OR COUN		
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4		aryland	0.44		WIDOWE	DR OTHER INSTITUTION				MD.
7		LTIMORE	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)			FOR MOST OF WORKING		OF BUSINESS OR
	-			HOSPITAL		TIMORE, MD.	RETIR	EA		
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/			MURE	CttY		YES W NO	2450	Nevada	Stree	t'one
10	14 FA	THER'S NAME	AIDD1F	LAST	1460	15. MOTHER'S MAIDEN NA	ME	WIDDLE		
0	Sa	amue 1		Henson		Grace WN		WIDDIE	Fosse	ett
7	160 V	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECUI	RITY NO.	17 INFORMANT	3 6 =	ADDRESS		
		Yes WW	E WAR OR DATES)	277-03-	9982	Rose Stenn	ett -	same as	s above	e
		18 CAUSE OF DEATH Enter on	ly non-chure one			11000 00014		50		DXIMATE INTERVAL N ONSET AND DEATH
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1		OR CONTRIBUTING CAUSE OF DEA		M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTERNATE	IRE OF INJURY IN ITEM 11	8 PART I OR PART 2)	
	CA	(IF EITHER NOTIFY MEDICAL EXAMINER			19					
	MEDICAL	21d INJURY OCCURRED	21e PLACE (	OF INJURY EET FACTORY, OFFICE, FA	RM ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		AT WORK NOT WHILE AT WORK						,	1276	
Ç		220.1 certify that (1) this haspi				28 19 51	, to	0/29		, that (1)(we) lost
		saw the deceased alive an above (1)(we) (did) (did no	LO 29	ofter death	3/, or	nd that in (my) (our) opinion	death accurred	on the date and he	our and from the	e couses stated
		27h SIGNATUSE	1 11.			DEGREE			22t. DAJ	ESIGNED
		1 august (	J. Beel	1. P.	,	ATTENDING PHYSICIAN	DIRECTOR	STAFF PHYSICIAN	10/0	29/81
		THE PRESENTE AME (TYPE O				22e ADDRESS				-
	100	MARGARET	L. KEE	LER, N.	).	BOL ST. PA	UL ST.	BALTO	. MB.	
		URIAL, CREMATION, REMOVAL	23b. DATE	23t N	AME OF C	EMETERY OR CREMATORY	23d. LOCAT	ION		
		Burial	11-2-			terans	Gros	wnsville	COUNTY	Md. STATE
		INERAL DIRECTOR	and to	1.14		25g. DAT	FREC'D BY/RE	GISTRANDA REGI	STRAF SSIGNA	FURB-P
	CI	HAS. A. RICE	ESPA 1	300 Fint	aw P	I. NOV	4 198	1 Street	Office	A. C. Carlon
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DHMH - 16 50M 1/81 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low letained by the hospital or attending physician.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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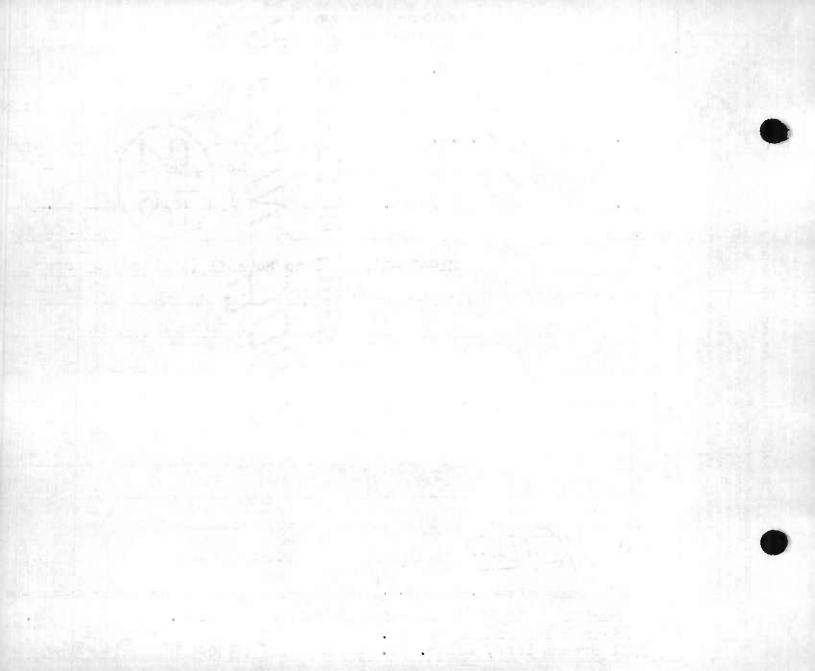
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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

THE REAL PROPERTY OF THE PROPE The state of the s Cotton British and Co. Sec. La land to the control of the control of

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-G. Victoria Hershell DEATH MATED 1981 4 RACE 5. DATE OF BIRTH 3 SEX AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED 99 81 white female DEAD 10981 6:52A 10 TO BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY Baltimore City Md DIVORCED WIDOWED . ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY 4506 Marble Hall Baltimore Homemaker USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c CITY OF TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS NO [ Marble Hall MdBalto 1,506 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST Charles Zaras Velenovsky Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMAN 16h SOCIAL SECURITY NO ADDRESS same DIVISION (YES, NO. OR UNKNOWN) HEYES GIVE WAR OR DATES! 219-58-2169 address no Otto Hershel (husband) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL PERMIT. CATE, WRITING THE WOOD AND THE CHIEF MEDICAL LOT TRANSIT FEW TORS SHOULD BE USED AS A BURIAL TRANSIT FEW THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, THE STATE DEPARTMENT OF BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease -IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO X 716 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 211. LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion Undetermined monner TITLE (SPECIFY) ACTUAL DATE 10/10/81 Assistant MEDICAL EXAMINER SIGNATURE SIGNED EXAMINER'S NAME 111 Penn Street Baltimore MD Guard M.D. (TYPE OR PRINT 236. BURIAL, CREMATION, REMOVAL 236. DATE COUNTY Md. Balto. Bohemian National Burial Funeral Home, Inc. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-17 Brehms Lane. Balto. Md. 21213 (VR A15 ME (5)) 15M 2/80



## STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REG. NO.					

an Warthen

REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
I DECEASED NAME	FIRST		MIDDLE	1	AST		MONTH	QAY YEAR	2b HOUR
(TYPE OR PRINT)	Henry		W.		HEWSON	October	12.	1981	1:12p м
3 SEX	4.1	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	7	IF UNDER I YEAR	
Male		Whi	te	Apr		0 61	YRS	MONTHS DATS	HOURS MIN.
BIRTHPLACE (STATE OF	PONLICAL 7b.	CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY C		Y OF DEATH	-
Marylan	d	.U.S	.A.	MARRIE	77.77	Balti	more	City	MD
Baltimore	ATH	(IF NOT IN SUC	HOSPITAL, NURSING FACILITY, GIVE STREET	ADDRESS)	ospital	120 USUAL OCCUPATI	ON	126 KIND	OF BUSINESS OR
SUAL RESIDENCE (IF NUI	ISING HOME OR OTH	ER INSTITUTION.							
Maryland		imore	13c. CITY OR TOW 212		YES NOTAL	8607 Oak	Roa	d	
14 FATHER'S NAME FIRST John	MiD:	OLE	Hewson		IS MOTHER'S MAIDEN NAM	ME MIDDLE H.		Ha	ines
160 WAS DECEASED EVE			16b SOCIAL SECU		17 INFORMANT	ADDRE	SS	******	
Yes no or unknown)	(IF YES, GIVE W	AR OR GATES)			Margaret M.	Truxal B	alto	., MD	21234
18. CAUSE OF DEA	TH Enter only o	ne cause per						APPRO. BETWEEN	CIMATE INTERVAL ONSET AND DEATH
571	SAMEDIATE C		R AS A CONSEQUE	NCE OF	of Shock				
Canditions, if an	mediate	(b)	Bleeding	esop	hageal varice	S			
couse (o), state underlying cous	e lost.	(c)	Un compen	sated					
PART 2 OTHER SIG	NIFICANT CON	NDITIONS <u>CC</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GI	VEN IN PART 1	0
190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FIND	
E		MEIL				YES NOW		IFYING CAUSE:	NO [
	CAUSE OF DEATH	21b. TIME O HOUR A./	FINJURY M. MONTH DA	YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART I OR PART 2)	
OR CONTRIBUTING		P./ 21e PLACE (		19	211 LOCATION				
WHILE NOT W	HILE [7]		EET, FACTORY, OFFICE, F	ARM ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
22a.1 certify that 2	(this basena)			Octob	er 5 19 8			19_81_	that 🗶 (we) last
saw the deceo obave, <b>X</b> (we)	did A XXX	ew the body	ofter deoth		d that in Xmy) (aur) apinion d	death occurred an the do	ate and ha	ur and from the	couses stated
226 SIGNATURE	11/11	18019	101	M	DEGREE ATTENDING	MEDICAL STAI			SIGNED
224 PHYSICIAN'S K	TYPE OR PR	INT)		701	PHYSICIAN	DIRECTOR PHYSIC	IAN		/12/81
Emmar	uel Duv	ilaire	e, M.D.			nd General	Hospi	ital	
230 BURIAL, CREMATION		736 DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION			
Cremation		oct.14	, '81 Lo	oudon	Park Cemet	dry Balti	more	Mar:	yland

Loch Raven Blvd.

DHMH - 16 50M 1/87 (VRA 15, 4)

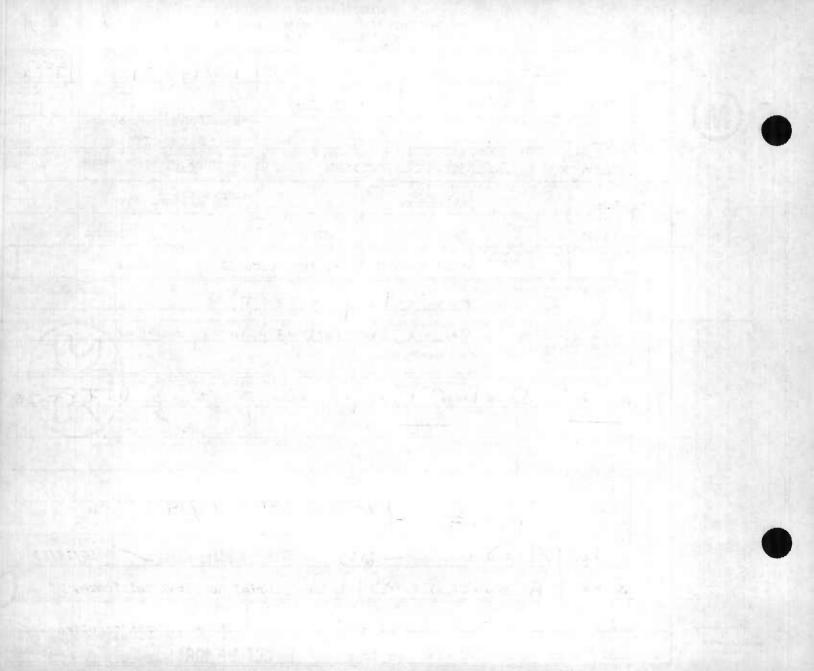
TO FUNERAL DIRECTOR.

should be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene prior to bur m 21 is marked or Item 18 sho

MPORTANT: If he

M FUNERAL DIRECTOR
William E. Johnson 8521

STATE OF MARYLAND



FOR - STATE REGISTRAR I DECEASED NAME (TYPE OR PRINT)

1 SEX

7a. BIRTHPLACE

4 FATHER'S NAME

YES, NO OR UNKNOWN

underlying

STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYD  CERTIFICATE OF DEATH	GIENE 8 1 2 5 9 8 2
MIDDLE	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
11e H11	Oct 29, 1981 73 mm
Black S. DATE OF BIRTH  MONTH  03-17-11	6. AGE (IN YEARS LAST BIRTHDAY) / IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Palfunge City on County of Death Ralfunge City MD.
NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SECH FACILITY, GIVE STREET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
R INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS?  UNITY SET TOWN 13d. INSIDE CITY LIMITS?	130 Thusser ( ZIZI7
LE WALLES I 15 MOTHER'S MAIDEN NA MALES I MOTHER'S MAIDEN NA MAIDEN NA MATHER NA M	ME MIDDLE PENTANT
PORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT PROPOSITION WE	aters III 1625 N. Payson St.
ne cause per line for (o), (b), and (c).)  Land (c).  AUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR SA CONSEQUENCE OF LEGISLA CONSEQUE	failure,
DUE TO, OR AS A CONSEQUENCE OF	
DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART 1/6
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
21e. PLACE OF INJURY 21f. LOCATION	CITY OR TOWN COUNTY STATE

HER SIGNIFICANT CONDITION

1% DATE OF OPERATION 19b. CC 210. ACCIDENT WAS UNDERLYING 21b. TI/

7b. CITIZEN

11. NAME

MIDDLE

(IF YES, GIVE WAR OR DAT

IMMEDIATE CAUSE (

MESIDENCE (IF NURSING HOME OR OTHER INSTITU

160 WAS DECEASED EVER IN U.S. ARMED FORCE

Conditions, if ony, which gave rise to immediate cause (a), stating the

18 CAUSE OF DEATH (Enter only one caus PART I. DEATH WAS CAUSED BY:

cause last.

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) THE INJURY OCCURRED

23a BURIAL CREMA ION REMOVAL

Burial

HOU 21e. PL (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

12nd writing that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the couses stated

(we) (did) (did nat) view the bady after death TE SKANATURE DEGREE 22c. DATE SIGNED MEDICAL MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN

22d. PHYSICIAN'S NAME

220 ADDRES 23¢ NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Park

23d. LOCATION Baltimore

 $MD^{\text{\tiny TATE}}$ Co.

81

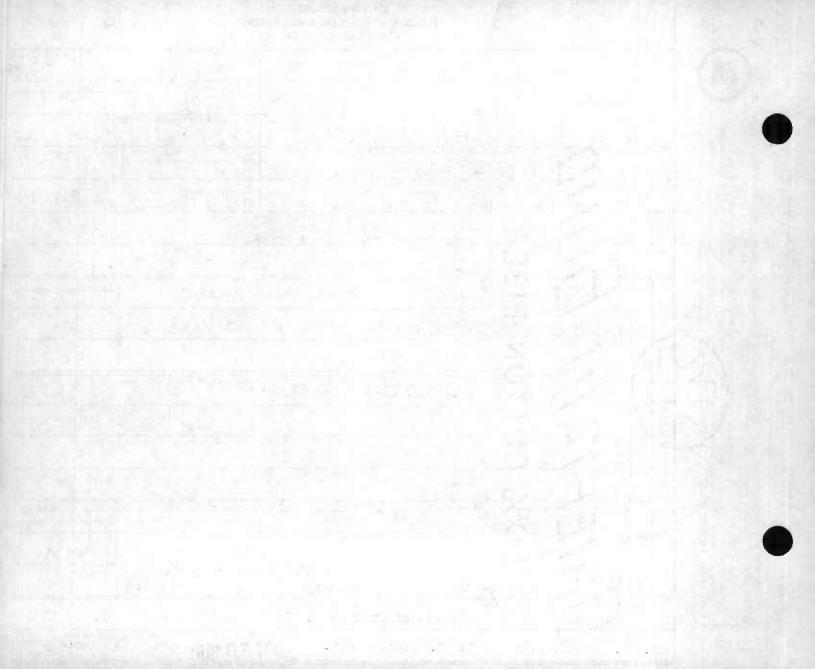
1101 EDDRESSNorth Ave. March F/H

73h DAFE

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

21220

DHMH-16 30M 2/80 (VRA 15, 4)



FUNERAL HOME, GLEN BURNIE, MD.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

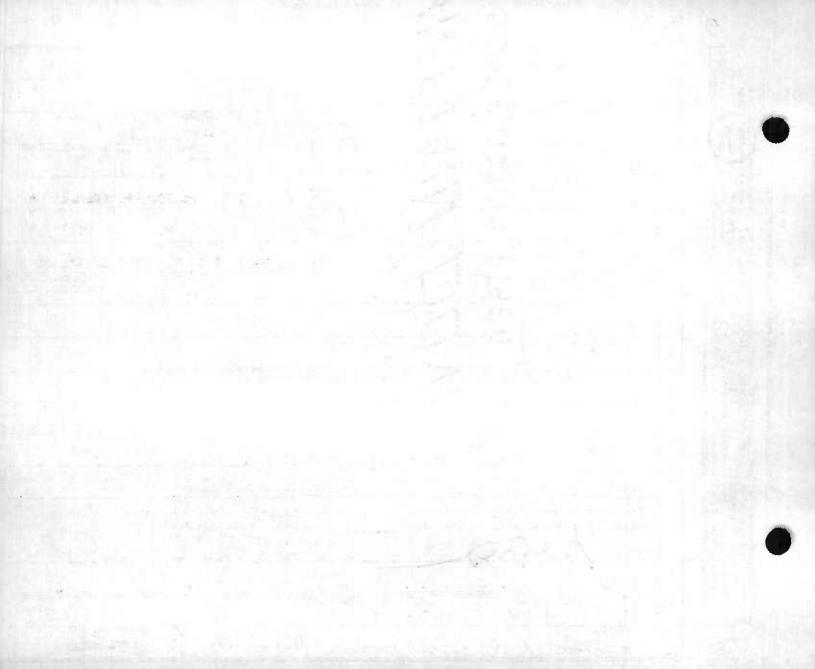
REGISTRAR

- STATE

(VR A 15 (4))

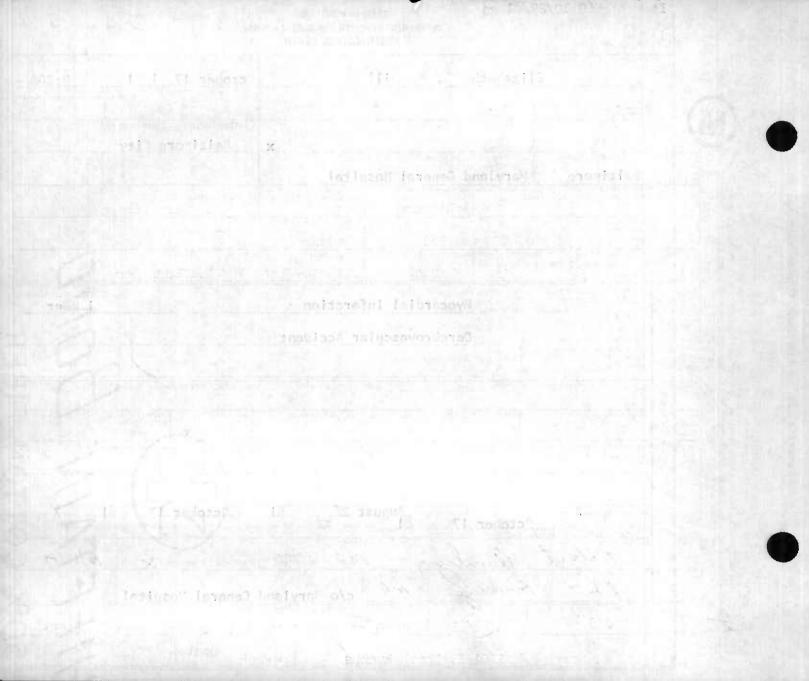
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-DARLENE 10 81 V. HILL DEATH MATED 10 24 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 25 DATE 2d. HOUR LAST BIRTHDAY) 0:12 PRONOUNCED 10 81 10 18 1954 female DEAD negro ам TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRYS 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED | NEVER MARRIED Md USA WIDOWED Baltimore City DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore University Hospita USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 1910 W. Franklin Street Mo Baltimore YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Hill Edith Hill Sr Frank M. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. CHIEF MEDICAL EXAMINER ALONG WITH FOR USED ASA BURALL TRANSIT PERMIT. PAGES I OF HEALTH AND MENTAL HYGIENE, DIVISION MAL, CREMATION, OR REMOVAL. (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) N/A Edith M. Hill 1910 W. Franklin Street no CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound to chest with complications (rifle DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GETH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? WARDED TO THE CHIES
PAGE 3 SHOULD BE USE
STATE DEPARTMENT OF
21201 PRIOR TO BURBA YES | NO K 21e EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR & M. MONTH DAY YEAR UNDERLYING DOR MEDICAL CONTRIBUTING CAUSE OF DEATH 6 . 1 8 P.M. 9-28- 1981 Self-inflicted 214 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY Madison Ave home Balto Md. Inspection X 220. I certify that I took charge of the remains described above, held an Autopsy Inquiry X death resulted fram: Natural causes Accident Undetermined manner PAGE 4 SHOULD TO FUNERAL DIR AFTER DEATH, WI TITLE (SPECIFY) ACTUAL DATE SIGNED 10-25-81 MD Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon. M.D. 111 Penn St. TYPE OR PRINT ADDRESS 230.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Baltimore COLWEST Matate 29/81 Baltimore Cemetery OCT 20 1989 ISTRA DEG ONES SPOTURE 24. FUNERAL DIRECTOR DHAMH-17 William C. March F/H 1101 E. North Avenue (VR A 15 ME (5)) 15M 2/80



STATE OF MARYLAND

ltem 0 g560 10/27/81 gj



FOR - STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYI EALTH AND ICATE OF	MENTAL HY	GIENE &	REG. N	0.	. ś .	8 6
CEASED NAME	FIRST		MIDDLE	l	AST		20. DATE		MONTH	DAY YEAR	2b HOUR
OR PRINT)	Erne	st	R.	HIL	L		0ct	ober	16. 1	981	5:45a M
X		4 RACE		5. DATE C				N YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
male		black		6 6	16	1925		5	6 YRS	MONTHS DAYS	HOURS MIN
RTHPLACE (STATE O	R FOREIGN		WHAT COUNTRY?	8 MARRIE WIDOWE		MARRIED X			R COUNT	TY OF DEATH	MD
TY OR TOWN OF DE Baltimore		Mary	HOSPITAL, NURSIN CHEACILITY, GIVE STREET A Land Gene	G HOME C ADDRESS)	OR OTHER IN		12a USUA	L OCCUPATI ORK FOR MOST C	ON	126. KIND (	OF BUSINESS OR
AL RESIDENCE (IF NU STATE Md	13b COUN		13c. CITY OR TOWN Baltimore	V	13d. INSIDE	NO 🗌	5.	TADDRESS	Washi	nton St	reet
ATHER'S NAME FIRST PAZET	-51	MIDDLE	Hill		13. MOTHER ROS	'S MAIDEN NA FIRST 5 <b>a</b>	AME	MIDDLE L.		Briggs	51
VAS DECEASED EVE YES, NO OR UNKNOWN) NO		MED FORCES?	166 SOCIAL SECUI	RITY NO.	Rev.	John Hi	11 320	ADDRE 08 Blue		.1 Road	
18 CAUSE OF DEA PART I. DEATH '	WAS CAUSE  IMMEDIAT  O  y, which mediate ing the	D BY: TE CAUSE (a)  MXXXX 8  (b)	r line far (a), (b), one Pneumon i a  EXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	; Car xxxx scula			arres	t		APPROX BETWEEN	(IMÁTE INTERVAL ONSET AND DEATH
PART 2. OTHER SIC	ONIFICANT (	CONDITIONS C	ONTRIBUTING TO D		NOT RELATE	D TO THE TERM	MINAL DISEA	SE OR CON	DITION G	IVEN IN PART 1	a ·
19a. DATE OF OPER	ATION	196 CONE	ITION FOR WHICH	OPERATIO	N WAS PERF	DRMED	20a AU	TOPSY?	IN CERT	ES, WERE FINDII IFYING CAUSES 'ES	
21a. ACCIDENT WAS UP OR CONTRIBUTING [ (IF EITHER NOTIFY MEI 21d INJURY OCCU	CAUSE OF DEA	) P		Y YEAR	21c. HOW J		RED (ENTER	nature of injul	RY IN ITEM TB.	, PART 1 OR PART 2)	
WHILE NOT V	ORK	( AT HOME ST	REET, FACTORY, OFFICE, FA		STREE	ī		CITY OR TO		COUNTY	STATE
			ne deceased from 5		ber 22		81_, to	Octobe	r 16	, 1981_,	that 🗶 (we) lost

MEDICAL 21d INJ morked or AT WORK 220 1 ce above, X (we) (did) (XXXXX) view the body after death 22b. SIGNATURE DEGREE IMPORTANT. 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Michael Hull, M.D. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial 10/20/81 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 William C. March F/H 1101 E. North Avenue (VRA 15, 4)

FOR - STATE I DECEASED [TYPE OR PRINT

ma To BIRTHPLAC

10 CITY OR TO

USUAL RESID Md 14 FATHER'S Eleazer 160 WAS DEC

> (YES, NO OR No

CERTIFICATION

3 SEX

poge 3 er deoth

completely filled in the !! } and 2 should be filled

Poges.

or other

c/o Maryland General Hospital 23c. NAME OF CEMETERY OR CREMATORY

Catonsville Westview Memorail Pk

ATTENDING PHYSICIAN

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

MEDICAL STAFF
DIRECTOR PHYSICIAN

Md

22c. DATE SIGNED

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Jan. A. Morton Chong 1771 Laurene Left 1 Stell

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OF	1-	STATE REGISTRAR		ME						FDEATH		4 3	1 0	0
		CEASED NAME	FIRST		WIDDLE			LAST	CATEO	2a. D	ATE KNOWN	MY MONTH DAY	YEAR	25 HOU
Maria	(17	PE OR PRINT)	JEF	RY		Wa	vne	Н	IILL	DE	OF ESTI-	10-20	-81	
D O	3. SE		CE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE	ARS IF UN	DER 1 YR.	IF UNDER		DATE	MONTH DAY	YEAR	2d HOU
300		male	vhite	03 11	61	20 Y	RS. MONT	HS DAYS	HOURS	MIN. PROI	NOUNCED DEAD	10-20	-81	
300	70. B	IRTHPLACE (STATE O	R	76. CITIZEN OF W	HAT COUN	NTRY?	8. MARR	IED NE	VER MARRI	ED 🔀 9. B/	ALTIMORE CITY	OR COUNTY OF	DEATH	
3		daryland		USA			WIDOW		DIVORC		Baltimor	e City		MD
38	10. C	ITY OR TOWN OF D Baltir	nore	11. NAME OF HO	SPITAL, NU	RSING HOM HOSP I T	E, OR OTH	ER INSTITU	NOI-TI	FOR MOST (	OCCUPATION (TO OF WORKING LIFE)	0	R INDUSTR	Υ
35	USU	AL RESIDENCE (IF IN	NURSING HC HE O	1				7.1.0.		gen.	helper	Nation	nwide	Dat:
25	13a. S	arvland	III COUN	imore	13c. CITY	ortown		13d. INSIDE O		13e. STREET A	DDRESS		010	000
-		ATHER'S NAME	Dare		1000	errea			NO X		North	Avenue	210	206
3(	D	Jesse		MIDDLE T		Hill		F	ırgar		MIDDLE	D-	LAST	
7	16a.	WAS DECEASED EVE	R IN U.S. ARA	AED FORCES?	16b. SO	CIAL SECURIT	Y NO.	17. INFOR	MANT		ADDRES	SS D.	LLUKE	; 3
1		No	(IF FES, GIVE	WAR OR DATES!	217.	-84-68	363	Mare	garet	Hill	562	1 North	Aver	iue
		18. CAUSE OF DE. PART I DEATH	ATH (Enter on)	y ane couse per line	e for (a), (b	), and (c).)						A	PPROXIMATE	INTERVAL
/AL.		C PP		E CAUSE (o)		hot wo		of hea	adba					
Q V		Conditions, if	any which	DUE TO, OF	R AS A CON	NSEQUENCE	OF							
N, OR REMOVAL.	-	gove rise to cause (o) stati	immediate	(b)	1454501	ICEO VENICE	-							
ž		lying cause la			AS A CON	NSEQUENCE	OF					1000		
		PART 2 OTHER SIGNIFIC	ANT CONDITIONS (	(c) Contributing to death	OUT NOT RELA	LTED TO THE TERM	IINAL DISEAS	E OR CONDITIO	N GIVEN IN PAI	T 1 (a)				
9, 21201 PRIOR TO BURIAL, CREMATION,	NO													
į I	T Y	19a DATE OF OPE	RATION	196 CONDI	TION FOR	WHICH OPER	ATION W	AS PERFOR	MED?			20.	AUTOPSY?	
	FIFE												YES XX	NO []
3	MEDICAL CERTIFICATION	210. EXTERNAL CA	OR		F INJURY A. MONTH	19-818A	21c. HG	PY MY	FPECURFE	MENTER NATUR	OF INJURY IN ITEM 1	B PART 1 OR PART 2)		
	PIC.	CONTRIBUTING		P.A 21e PLACE		19 (AT HOME.	216 10	CATION						
	ME	WHILE NO	T WHILE T	STREET FAC	TORY, FARM, E				North	Avertu	er town Ba	altimore,	Mary	Land
		AT WORK AT	WORK .											
				e of the remains de			Autop icide X	,	Inspection			and in my opinion		
		deoth resulted fro	A Natur	ol causes 🔲,	Accident	L, 50	icide [A]		SPECIFY)	Undetermin	ed manner	,		
BALTIMORE, MARYLAND, 2		ACTUAL SIGNATURE	400	pito. IAN	P Yme	ll,	M	Assis		MEDICAL	EXAMINER	DATE 10	-21-8	1
AORE	-			- 00								SIGNED		
E C		(TYPE OR PRINT)	ŧ į	Margarita	A. K	orell,	M.D	ADDRESS_	111	Penn S	Treet			
rò R	(	URIAL, CREMATION			1	NAME OF CE				23d LOCAT	ON	COUNTY	STA	VEAR 28 HOUSE 3:00 ATH  AND OF BUSINESS DOUSTRY 7: deDat  21206  Ages  Venue  OPSY?  ARY NO []  Maryland  21-81
		Crematio	n	10/23/8	1 We	estvi	ew C	remai	tory	West		Baltimo		id.
5))		assahn F	unena	1 Homo	7401	Bela	n D	nad	100	ECD BY REG	al Bu	SISTRAM SIGNAT	lister-	
77.7	110	assami r	uner'a.	T HOME	1-101	Dera.	rr. V	vau			7. 100	107		

report - 100 | and and the following to make the result full an

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN XX MONTH ITYPE OR PRINT) DEATH MATED 10-13-8 19 LOUIS HILL 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE OF BIRTH 2c. DATE LAST DIRTHDAY) PRONOUNCED Apr. 16,1931 5 OYRS 10-13-819 male black 76. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Wash, D.C. USA WIDOWED DIVORCED Baltimore City IN CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Painter Baltimore University Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE DEFORE ADMISSION) 1136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Capitol Heights Maryland 4816 Emo Street NO [ 14. FATHER'S NAME Anna Mae Garlic James Hill 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. TT. INFORMANT 4816 Emo St. 579 40 2243 Mrs. Christine Peters-sister-Capt. ves Hats. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). IMMEDIATE CAUSE (a) Fracture of cervical spine DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BUR! YES NOKX SHOULD BE 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 2TE. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING TOR subject was trimming a tree and fell CONTRIBUTING CAUSE OF DEATH TE LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 35 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARTIARNO, 21201 P at a house Belbora Ave. WHILE AT WORK Capital Hgts., Maryland Inspection XX 220. I certify that I taak charge of the remains described above, held an Autapsy and in my apinion Accident XX Undetermined manner death resulted fram: Natural causes TITLE (SPECIFY) ACTUAL 10-14-81 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn Street TYPE OR PRINT Korell M.D. ADDRESS. 23d. LOCATION Suitland, Maryland Burial 14. FUNERAL DIREC **DHMH-17** Home-4001 Benning Rd. (VRA15 ME (5)) Stewart 15M 2/80

Approduction compared the contract of the cont 

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CLKIII	ICATE OF	DEATH		REG. NO.					
	ECEASED NAME	FIRST	1	AIDDIE	L	LAST		20 DATE OF	DEATH M	ONTH	DAY	YEAR	26 HOL	. /
	JOH	IN		W.	H	[PPLER			10	2	2	81	74	53 1
3. S	EX	4. [	RACE			OF BIRTH		& AGE (IN YE	ARS LAST BIRTHI		IF UNDER		IF UNDER	
	MALE		WHI	TE	09	29	96		85	YRS	MONTHS	DATS	HOURS 1	MIN.
la	SIRTHPLACE (STATE OR FOR	REIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER	MARRIED -	9 BALTIMOR	E CITY OR	COUNTY	OF DE	ATH		
	MARYLAND		U.S	.A.	WIDOWE	_	OVORCED	BALT	IMORE	CITY	7			MD.
10.0	TITY OR TOWN OF DEATH	Н 11.		OSPITAL, NURSIN		OR OTHER INS	STITUTION	12a USUAL O				KIND OF	BUSINE	ESS OR
	BALTIMORE	1		. AGNES H		CAL		BUS D		VORKING LIF			ORTA	TIOI
13a	JAL RESIDENCE (IF NURSING	GHOME OR OTH		GIVE RESIDENCE BEFORE		1134 INSIDE	CITY LIMITS?	13e STREET A	DDRESS			M	TA	
1		ALTIM		ARBUTUS		YES [	NO 🔀		AKLEE	VILI	AGE	, 21	229	
14 F	ATHER'S NAME	MIDI	DIE	LAST		15 MOTHER	S MAIDEN NA	ME	MIDDLE			LAST		
	JOHN			HIPPL	LER		MARY		A.		F	RUSS		
	WAS DECEASED EVER IN	U.S. ARME		166. SOCIAL SECUI	RITY NO.	17 INFORM	ANT		ADDRESS	5		21	239	
	YES	WW I		213-10-0	0006	LILL	LAN MUN	D 1913	E. BI	ELVED	DERE	AVE	NUE	
	18 CAUSE OF DEATH PART I. DEATH WAS	S CAUSED 8	Y.			/ .			1		BE	TWEEN O	NSET AND	DEATH
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SINHA

22e ADDRESS

21229

BURIAL

23a BURIAL, CREMATION, REMOVAL

FOR

10-27-81

23c NAME OF CEMETERY OR CREMATORY LOUDON PARK

DEGREE

23d LOCATION
CITY OF TOWN

BALTIMORE CITY

24 FUNERAL DIRECTOR 21229
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

23b DATE

OCT 26 1981

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is

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Dundalk, MD. 21222

(VRA 15 (4))

22 Wise Avenue

STATE OF MARYLAND

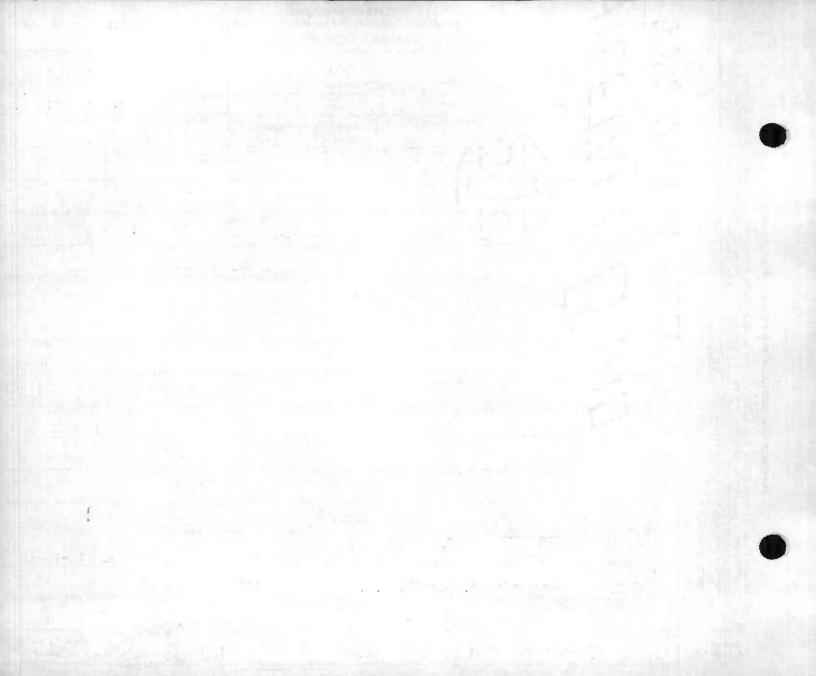
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(nm	DE:	CEASED NAME OR PRINT)	NE FIRST		MIDDLE			LAST		20	OF ES	WN KX	MONTH	DAY	YEAR	2b. HOUR
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핅띥둌	1 SEX		4. RACE	5. DATE OF BI	IRTH DAY YEA	6. AGE (IN		NDER TYR.	IF UNDER 2		DATE		MONTH .	DAY	YEAR	24 HOUR 8:17
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ALSE STATE		Baltim	ore			ospital	)		W. (1)	FORMO	31 OF WORKING	circi		OK III	DOSIK	
IF ANY DELAY IS NECESSARY, PEASE 2. AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. 4. SHOULD BE FILED, WITHIN 72 HOULD BE FILED.		L RESIDENCE	THE COUN	OR OTHER INSTITUTE	ON, GIVE RESIDE	NCE BEFORE ADMI		13d. INSIDE CIT	TWAINITES	lia. CIRCE	T ADDRESS					
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ON SEE PER NAME OF THE PER NAM	157	7980 IMMEDIATE CAUSE (o) Sudden Infant Death Syndrome														
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120) S CERTHCATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITHING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND ROBE TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETA RESTRUCTOR FOR HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL PECO OF PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PART 2 OTHER S	SIGNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT	PELATED TO THE T	PMINAL DICE	CE OF CONDITION	CIVEN IN BAR	The						
EN POCA	Z				DC	ictario io int i	KMINAL DIJEA	JE OR CONGILION	ONEN IN TAK	1110,						
- GALES	CERTIFICATION	19a DATE O	F OPERATION	19b. CC	ONDITION FO	OR WHICH OP	ERATION	WAS PERFOR/	MED?				-	20. AUT	OPSY?	
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THIS WRIENTALE		AT WORK	AT WORK					100					-			
EXAMINER: CERTIFICATE TILD BE OR PORTECTOR: WITH THE S		22a I cert	tify that I took charg	ge of the remoir	ns described	above, held an	Auta	psy XX,	Inspection	L.	Inquiry	, and	in my ap	inian		
MAN HE		deoth resul	Ited from: Naty	rol couses XX	, Accide	ent L.	Suicide L	J, Homic	ide/	Undeter	mined manne	r				
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<b>₹</b> #₽ <b>¥</b> #₩	1	SIGNATURE		Mary	Se M	MAN	YU	MOTASS	istan	MEDIC	AL EXAMINE	R	SIGNE	D	-14	-81
NA SET	-	EYAMINER'S	SNAME M.		1 Va	mall !	10	/		III D	enn St	root				
DIVISIO  TO MEDICAL EXAMINER: THIS CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED IT TO FUNERAL DIRECTOR: PAGE 3 SH AFTER DEATH, WITH THE STATE DEPAR BALTIMORE, MARYLAND, 21201 PRIO		EXAMINER'S		rgarita			-	_ADDRESS				1661				
BATER	23a.B	SPECIFY)	ATION, REMOVAL		0/-	C. NAME OF	EMETERY	OR CREMATO	ORY	23d. LOC	ATION		COUN	4TY	STA	ATE
1010BP			RIAL	10/17	/81	WEST	VIEW			LCA	TONSY	ILLE M REGIST	L.		Md	SE
DHMH - 17	-	UNERAL DIRE		AC	DRESS		4		25a. DATE R	4 0		DE REGIST	AR'S S	ATIA I		
(VR A15 ME (5)) 15M 2/80	W.	illiam	C. March	F/H 11	01 E.	North	Avenu	e	UUI	161	981 2	gences	14	n/ /a	the	U



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compilitive should be detached for use as the burial-transit permit. Then please remove carbonpapers. Paper 1 and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2	2	3	7	1

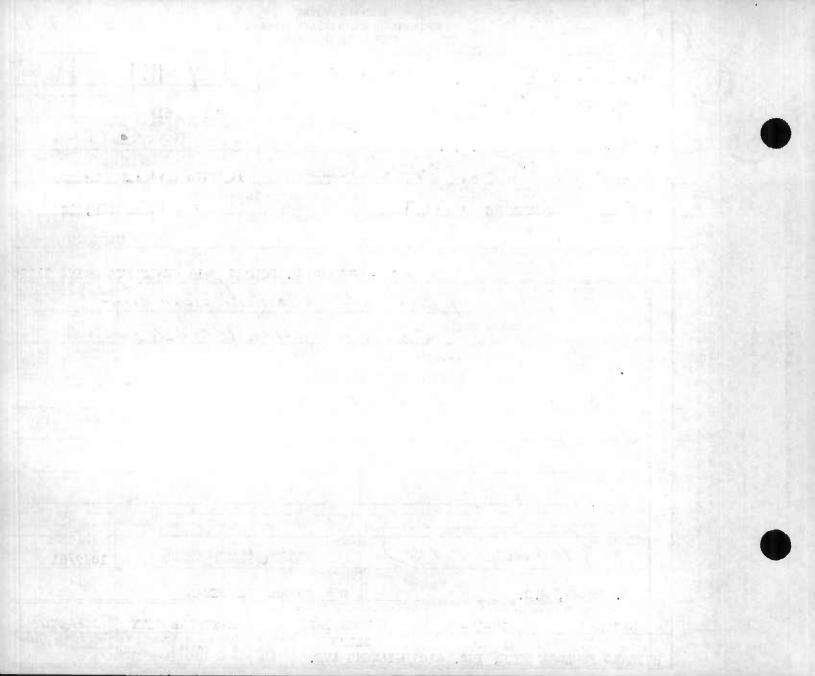
	FOR - STATE REGISTRAR			EALTH AND MENTAL H	YGIENE 8	2577	/
I. DE	ECEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEAR 26 HC	DUR
	MARGARE'	T V.	НО	LMES	10	9181 16	188"
1. SE		4 RACE	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BE		ER 24 HRS
	FEMALE ·	WHITE				61 YRS	MIN
	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY? 8	V	9. BALTIMORE CITY	OR COUNTY OF DEATH	
	MARYLAND	II.S A	WIDOWE	D NEVER MARRIED !	RALT	O. CITU.	MD
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL			120. USUAL OCCUPAT		
	BALTIMORE	20 N SUCHFACILITY, C	ECO	JRS.	OWNER	OF WORKING LIFE) INDUSTRY  TAVERN	
USU	JAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDE	NCE BEFORE ADMISSION)	THE BIGINE CHARLES		TAVENTA	
	100 0001		CONSVILLE	138 INSIDE CITY LIMITS		ONTE DRIVE. 2122	28
	ATHER'S NAME			15 MOTHER'S MAIDEN	LAME	ONTE DUTATE TATE	20-1
	WILLIAM	MIDDLE	ACUM	ADA	WIDDLE	UNKNOWN	
160 1	WAS DECEASED EVER IN U.S. AR		TAL SECURITY NO.	17. INFORMANT	ADDR		
		E WAR OR DATES)	7 01 7000	OFORGE O I	TOTMES /1/ C	UIATEONEE DETUE	0100
<b>=</b>	NO		7-01-7268,-	GEORGE C. I	HOLMES 414 C	CHALFONTE DRIVE	2122
	PART I, DEATH WAS CAUSE	D 8Y:	Cute	MYOCEN	alia Ing	Lescher BETWEEN ONSET AN	ND DEATH
	4100 MMEDIAI	E CAUSE (o)				t	
	Conditions, if ony, which	DUE TO, OR AS A CO	ONSEQUENCE OF	aNA. W.	ent of	son de	
	gave rise to immediate	(b)	CACLEY	1	Cay coo	200	
30	underlying couse lost.	DUE TO, OR AS A CO	DNSEOUENCE OF	()			
	DADI 2 OTHER CICALIFICANT	(c)	INIC TO DEATH BUT	NOT DELAYED TO THE TE	District on Co.		
Z	PART 2 OTHER SIGNIFICANT C	ON THE OWN CONTRIBUT	O M /	NOT RELATED TO THE TE	KMINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)	
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOI	R WHICH OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FINDINGS US	ED
FIC				· · · · · · · · · · · · · · · · · · ·		IN CERTIFYING CAUSES OF DEA	ATH?
ERT	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		121r HOW IN JURY OCCI	JRRED (ENTER NATURE OF INJU	YES NO	
R .	OR CONTRIBUTING CAUSE OF DEA	LUQUE AM MO	NTH DAY YEAR	THE FIGURE WORLD CO.	JANED (ENIER NATURE OF INJU	INT IN TEM TO PART I ORPART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19	AU			
MED	21d. INJURY OCCURRED	21e PLACE OF INJUR		211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
	AT WORK AT WORK						
	220.1 certify that (I) (this haspit			. 19	, to	, 19, that (I)	
	sow the deceased alive an above, (1) (we) (did) (did not	) view the body ofter deo	th. 19, ar	d that in (my) (our) opinio	on death occurred on the d	ate and hour and from the causes s	stated
	22b. SIGNATURE	1	, (, )	DEGREE	1	22c. DATE SIGNED	D
	A. (na	medi-	W).	ATTENDING PHYSICIAN	MEDICAL STA	FF 10/9/81	
	22d. PHYSICIAN'S NAME (TYPE OF	R PRINT)		22e. ADDRESS			
					RS HOSPITAL		
	22d PHYSICIAN'S NAME (TYPE OF A SHAMS, M.)  BURIAL, CREMATION, REMOVAL (SPECEY)	D.	23c NAME OF C		RS HOSPITAL  23d. LOCATION CITY OF TOWN	COUNTY	

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE. OCT 13 1981



			FOR			DEPARTMENT	OF HEALTH AN	D MENTAL HYGIE	NE I	2 5	3 7	0
	4		STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.							
			CEASED NA	AAE FIRST		WIDDLE	LAST		14.6		DAY YEAR	DE HOUD
			E OR PRINT)	WE		MIDDLE	LA31	1	20. DATE KNOW		DAT TEAR	2b HOUR
2 2 2 2	2 E			C	harles	D		tolt In.	DEATH MATE	□ □ 10	141981	M
NECESSARY, PLEASE HANERAL DIRECTOR. 25 FOR YOUR FILES.	Ser.	3. SEX		4. RACE	S. DATE OF BIRTH		(IN YEARS IF UNDER 1	YR. IF UNDER 24 HRS.	2c. DATE	MONTH	DAY YEAR	2d. HOUR
2.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E	S			blook	MONTH DAY	4 -4		AYS HOURS MIN.	PRONOUNCED DEAD	10	141981	6:51
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A STE	55		M.	d.	11.5	- 71	WIDOWED [	DIVORCED [	Baltimo	re City		MD.
W W W	-	10. CI	TY OR TOW	N OF DEATH	11. NAME OF HO	SPITAL, NURSING H	HOME, OR OTHER IN	STITUTION 120 US	UAL OCCUPATION	TYPE OF WORK	126 KIND OF BUS	SINESS
× T V	O O'S	-	-1+im	0100	2407	CILITY, GIVE STREET ADD		199	S ARIM	1. 00	OR INDUSTR	Y
3004	Li . aller		Baltim		OR OTHER INSTITUTION, G	Elsinore		u ·	JANA	OKY		
PAR P	EVITAL RECORDS	13a. S		13b. COUL				NSIDE CITY LIMITS? 13e. ST	REET ADDRESS			
21201 AND AND RETAIL			Ma	1000		BA 27	O · YES	NO 1 24		mero la	H	
3 7.80	AL A	14. FA	THER'S NAM	ME			15. A	OTHER'S MAIDEN NAM	IE .	1		
A HIN	E S	177	FIRST	. ,	DIODLE -	LAST		FLORENCE	"A AMEDIA E	3/	LAST	
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BALTIMORE, MD. S. AFTER DEATH. IF GIVE PAGES 1, 2, ITTH FORM PM 3.	2 Z	16a. V	/AS DECEAS ES, NO, OR UNKI	SED EVER IN U.S. AF	FAMILE OF CATEGO	166. SOCIAL SEC		FORMANT	ADL	DRESS	INIE	=+
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JRS AI WITH	DIVISION		18 CAUSE	OF DEATH (Enter o	nly one couse per line	for (a) (b) and (c	11				APPROXIMATE	INTERVAL
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STON SI	A FER	11.7	00	)/) IMMEDIA	ATE CAUSE (o)		erebral in	njury				
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	HEALTH AND MEI AL, CREMATION, O				(c)							
DIVISION OF VITAL RECORDS, S CRITIFICATE SHOULD BE EXEC RITING THE WORD "PENDING" ROBE TO THE CHIEF MEDICAL	A A B		PART 2 OTNER	SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR CO	NOITION GIVEN IN PART 1 (0).				
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¥ \$825	252	E									YESXX	NO 🗌
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DIVISI S CERI		ME	WHILE	NOT WHILE		TORY, FARM, ETC.)	STREET		CITY OR TOWN	COU		STATE
	STATE D		AT WORK	AT WORK		homeoutsi	de 2407	Elsinore Ave	enue, Balt	imore C	ity, M	ID
HER: THI SATE, W FORWA	SIST		220 1 00	stify that I took shou	ge of the remains de	scribed above held	on Autopsy	y Inspection .	Inquiry ,	ond in my op	inion	
<u> </u>	WITH THE WARYLAND				• •			^^				
MEN SENS	MEN	-	deoth resu	ulted from: Natu	urol odules .	Accident LXXX	Suicide,	Homicide . Unde	etermined monner	L.J.		
EXAM CERTIF	334		ACTUAL	11/2	la in			ITLE (SPECIFY)		DATE	2017	E 107
CAL EXC THE CER SHOULD	₹ <u>₹</u> ∴		SIGNATUR	E	Jula	w	M.D. <u>A</u> :	ssistant ME	DICAL EXAMINER	DATE	D10/1	5/81
SEP	SAM	-		-		_						
A TO THE	5 × €	rent"	(TYPE OR P	S NAME	Hormez R.	Guard M.	D. ADDR	ess 111 Peni	n Street.	Ralto 1	MD 21201	
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1650	- 4 B		URIAL, CREM	NATION, REMOVAL	1 1	736 NAMES	F CEMETERY OR CRE	MAION Z3d. L	YORTOWN	COUN	0 10	ATE
BP			DN	real	10/20/8	Daxu	· · CALLER	3	501 -11	idence	ung	
		24 F	JNERAL DIR	ECTOR	1 11		R-11	250. DATE REC'D. E	SY REGISTRAR 25b	REGISTRAR'S S		
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Francis Elevanor Marie Joseph Candon

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

21229

- STATE

HMH - 16 50M 1/81 (VRA 15, 4)

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

2b HOUR

12b. KIND OF BUSINESS OR

Geier

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

COUNTY

22¢ DATE SIGNED

Howard Maryland

81

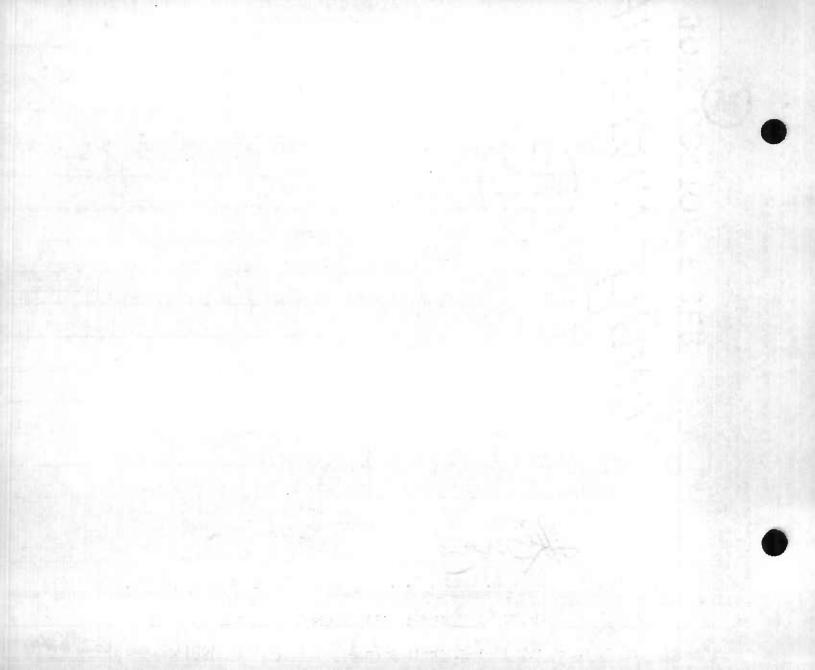
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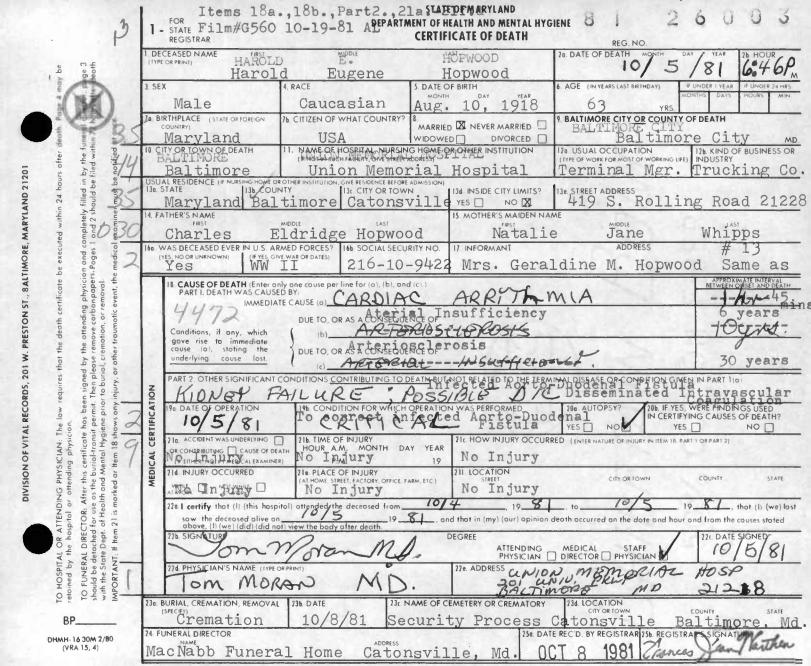
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-Leroy D. Hopkins 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED male black 12 31 1930 DEAD 50 1987 TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) N. C. USA WIDOWED DIVORCED Baltimore City 2, AND 3 TO THE FU 3. RETAIN PAGE 5 SHOULD BE FILED, 10. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Baltimore Blk Franklin Street USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 136 COUNTY 13t. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md Baltimore YES ST NO [ 2255 Cecil Avenue 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 0 MIDDLE LAST AND FIRST MIDDLE Robert Hopkins Bertha GIVE PA DIVISION OF 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 7 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) No 275-20-5981 Jacquelyn Greene 833 E. Belvedere Avenue CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) BETWEEN ONSET AND DEATH ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Gunshot wounds of head Weapon: Unspecified DUE TO, OR AS A CONSEQUENCE OF AS A BURIAL - TRANSIT Conditions, if ony, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD CONTROL OF HE DEPARTMENT OF HE YES XX NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR 9:35 APM 10/7 19 81 subject shot CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, WHILE AT WORK XX AT WORK TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE, WRII PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE street cab 800 Blk W. Franklin Street.BaltoCity 22s, I certify that I taok charge of the remains described above, held on Autopsy Inspection Inquiry ond in my opinion Homicide XX deoth resulted from: Undetermined monner TITLE (SPECIFY) AFTER DEATH, BALTIMORE, M ACTUAL 10/8/81 ssistant DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Hormez R. Guard, M.D. 111 Penn Street, Balto., MD 21201 (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial Cedar Hill Cemetery Anne Arundel BP 24. FUNERAL DIRECTOR 230. DATE REC'D. BY REGISTRAR 25b. REGISTRAP'S SIGNATURE ADDRESS **DHMH - 17** (VR A15 ME (5) William C. March F/H 1101 E. North Avenue 15M 2/80

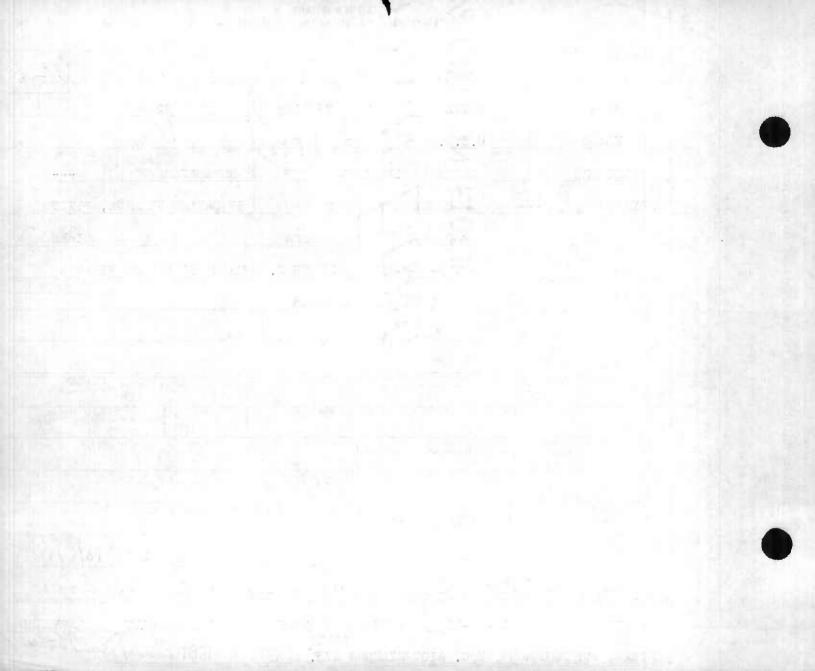


find And Nov. 7, 1897 ET Maryland VSA × Baltimore City Baltimore Long Green Nursing Home | Systems Analyst Had. Cow t. Americant Ealtimons x 2100 St. Faul Street Locieto V Murphy Emma j 212 48 9754 Mrs. Harry W. Boyle, Ballo., No. In. Martin Singewald, M. D. 11 E. Michael St., Balto., Md. -Funisher 10/5/81 Druid Ridge Pikesville, Warviand Henry W. Jankins & Sons Co. at York Rade tolo., va. 2121

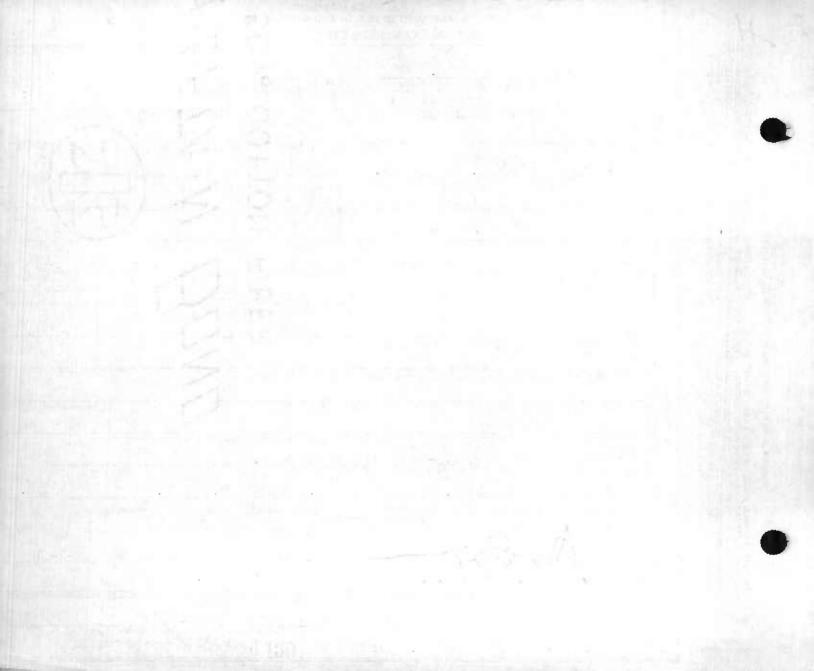


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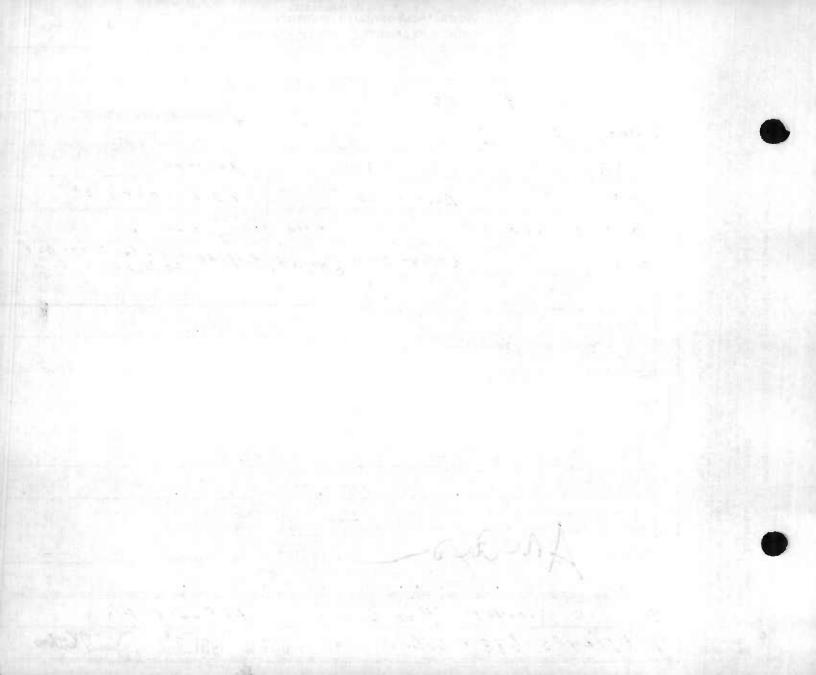
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		CEASED NAME FIRST E OR PRINT)	MIDDLE		AST	20	DATE OF DEATH		YEAR 26 HOUR
ag A		LILLI	AN MARIE	HO	VARD	473/17		10-5-	81 4 35 AM
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ARYLA J within J pletely nd 2 sh	14.F	ATHER'S NAME	MIDDLE LAS	ST	15. MOTHER'S MA	IDEN NAME	WIDDLE		LAST
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BALTIMORE.	160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL VE WAR OR DATES)	SECURITY NO.	17 INFORMANT		ADDRE	SS	
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TAL RECC	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATIO	N WAS PERFORMED	D	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C. YES	FINDINGS USED AUSES OF DEATH? NO
ON OF VITAL R HYSICIAN: The I- ding physicion. Is certificate has buriol-tronsit pe Mental Hygiene or trem 18 shows		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE		H DAY YEAR	21c. HOW INJURY	OCCURRED	(ENTER NATURE OF HUUR	Y IN ITEM 18, PART 1 OR P	ART 2)
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TTENDI or pitol or TOR: A for use of Heol	100		1 1 1	19 81 ,01		9 <u>&amp; /</u> ) opinion deo	th occurred on the do	te and hour and fro	, that (I) (we) lost om the couses stated
0 4 0 0 0		226 SIGNATURE	1.1		PHYS	NDING /	MEDICAL STAF DIRECTOR PHYSIC	F 1 / 1	DATE SIGNED
TO HOSPITAL of the control of the co		Henry S	Licevio, ms		118 Lib	whead	ct Ba	H. md.	21237
766	230	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF C	EMETERY OR CREM	MATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
255/BP		BURIAL	10-08-81	WESTE	RN CEMETEI		BALTIMORE		MARYLAND
DHMH - 16 50M 1/76	24 F	UNERAL DIRECTOR	ADDRE	ESS	21229	25a. DATE RE	- 1001 1	156 REGISTRARS S	GNAS Parther
(VR A 15 (4) )	H	JBBARD FUNERAL	HOME, INC. 410	O7 WILKE	NS AVE.	OCT	7 1981 4	Pances )	many in the

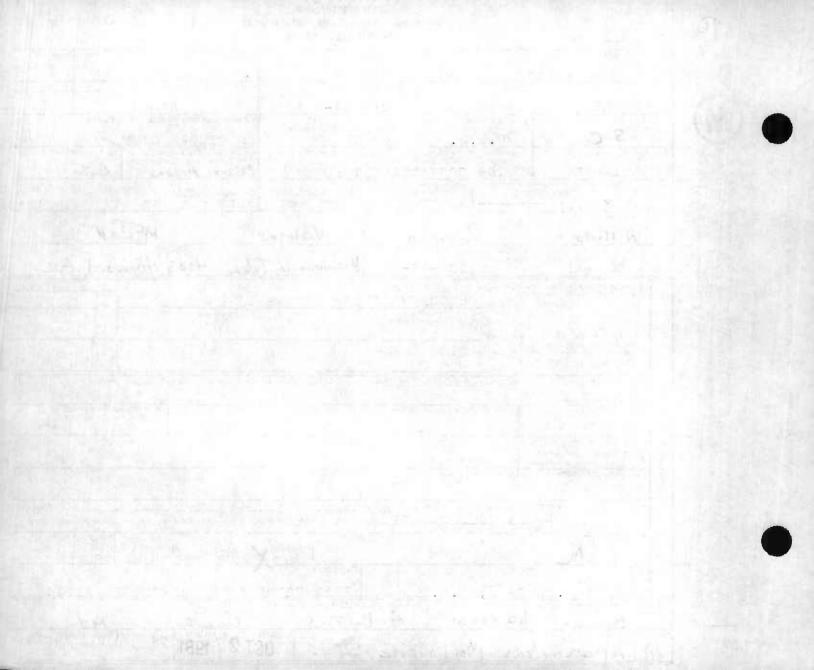


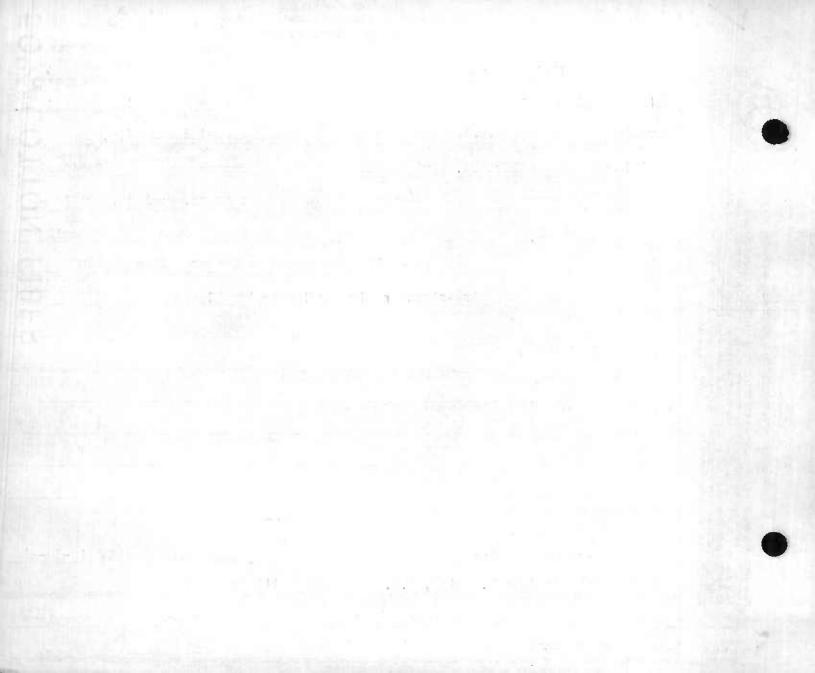
#	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENS  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.							
% % % E.	1. DECEASED NAME FIRST (TYPE OR PRINT)  JOHN	MIDDLE R.		OF ESTI-	YEAR 26. HOUR				
NY, PLEA DIRECTO NUR FILE NY STREE	3. SEX 4. RACE		NDER 1 YR. IF UNDER 24 HRS. 2c. D	DATE MONTH DAY	YEAR 24 HOUR 81 1:20				
NECESSARY, PLEASE UNBEAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRES ON STREET,	Male I negro BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md	76 CITIZEN OF WHAT COUNTRY?	RIED A NEVER MARRIED	Altimore City or County of DEA					
DELAY IS NEG 3 TO THE FUN IN PAGE & F SE FILE W RDS, 201	10 CITY OR TOWN OF DEATH  Baltimore	11. NAME OF HOSPITAL, NURSING HOME, OR OT (16 NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  2304 E. Federal St.	HER INSTITUTION 120. USUAL OC	CCUPATION (TYPE OF WORK 126. KIND	OF BUSINESS IDUSTRY				
IF ANY D AND 3. RETAIN SHOULD RECORD	136. STATE 136. COU	e or other institution, give residence before admission)  NTY    13c CITY OR TOWN    Baltimore	13d. INSIDE (ITY LIMITS?   13e. STREET AC YES & NO   3401 F	DDRESS Royce Avenue					
B. GIVE PAGES 1, 2, AND 3 TO THE FORW PM. 3. RETAIN PAGE IT. PAGES 1 AND 2 SHOULD BE FILE DIVISION OF VITAL RECORDS, 201	14. FATHER'S NAME Lloyd  160. WAS DECEASED EVER IN U.S. A	COVINGTON  RMED FORCES? I M SOCIAL SECURITY NO.	15. MOTHER'S MAIDEN NAME ROSE.	MIDDLE LAST Hubba					
HOURS AFTER DEATH. IF HOURS AFTER DEATH. IF M. IB. GIVE PAGES 1, 2, W. WITH PORM PAIN NE, DIVISION OF VITAL IL.	(YES, NO, OR UNKNOWN) Yes	219-50-3135 unly one cause per line far (a), (b), and (c).)	Brenda L. Hubba	ard 3401 Royce	Ave				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B. S. CRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. G REDED TO THE CHIEF ABDICAL EXAMINER ALONG WIT RES SHOULD BE USED AS A BURIAL- IRANSIT PERMIT. P. E. DEPARTMENT OF HEATH AND MENTAL HYGENE, DIV OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Canditions, if any, whic gave rise to immediate cause (a) stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CONDITION	b (b) (b)	SE OR CONDITION GIVEN IN PART 1 (a)	guii					
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PAGE 3 STATE DE 21201 P	WHILE AT WORK X AT WORK		STREE1 CHY C	Balto.	Md.				
EXECUTE THE CENTIFICATE, WRITING THE WORD "IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNKEAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		rge af the remains described abave, held an Autal ural causes , Accident , Suicide	Hamicide X . Undetermine TITLE (SPECIFY)  D. Assistant MEDICALE	XAMINER DATE SIGNED 10-	2-81				
XECUTE AGE 4 O FUN AFTER DE	(TYPE OR PRINT)	n M. Dixon, M.D.	111 Penn St						
P	230.BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 24. FUNERAL DIRECTOR	10/8/81 Md Veterar	Cemetery Crown  25a. DAJE REC'D. BY REGIS	ON NSVILLE STRANDA REGISTRAN'S SIGNATURE	Md_				
HMH - 17 A15 ME (5) ) SM 2/80	William C. Mar	ch F/H 1101 E. North		Many Jan Marte					

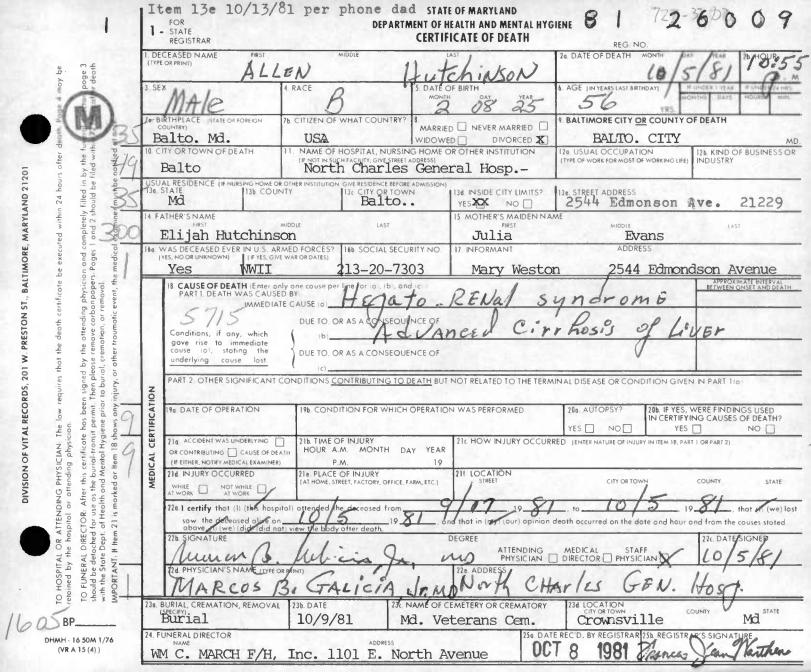


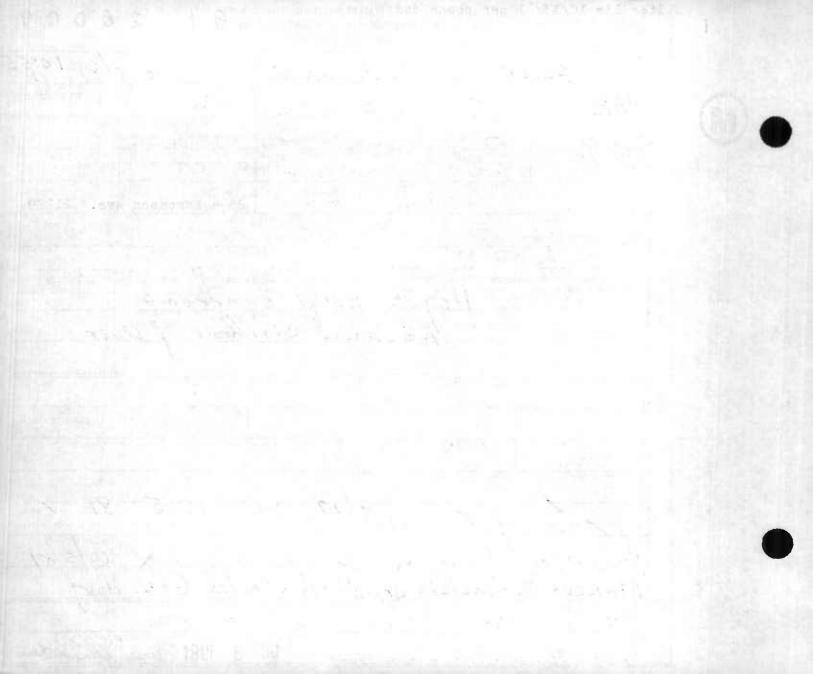
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO I. DECEASED NAME a. DATE KNOWN X (TYPE OR PRINT) OF ESTI-WILLIE HUDSON 10 8 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE 7:30 LAST BIRTHDAY) PRONOUNCED 19 81 10 male negro DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED SC AMAL Baltimore City WOOWED [] DIVORCED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 17b. KIND OF BUSINESS OR INDUSTRY LARONDA 2, AND 3 TO T 3. RETAIN PA 2 SHOULD BE F Baltimore Johns Hopkins Hospital AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS CALBY St ND 2 SE 14. FATHER'S NAME S MOTHER'S MAIDEN NAME DIVISION OF WITH 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO I (IF YES, GIVE WAR OR DATES! UNK APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D. RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: Multiple shotgun pellet wounds with complications IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Carditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION INER: 17115
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H THE STATE DEPARTMENT OF HEA 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW (NJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR AND MONTH DAY UNDERLYING WOR 9-17-1081 1:50P.M. Shot by police. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY CATHOME 211. LOCATION 21d. INJURY OCCURRED TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) COUNTY AT WORK NOT WHILE Md. Balto. City Jail, Balto. blda. AT WORK 22a (certify that I took charge of the remains described above, held an Inspection and in my opinion Homicide X Undetermined manner death resulted fram: Accident Natural couses TITLE (SPECIFY) ACTUAL 10-2-81 DATE Assistant SIGNATURE EXAMINER'S NAM 111 Penn St. Ann M. Dixon. M.D. (TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b. DATE 231 HAME OF CEMETERY OR CREMATORY STATE 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH-17** (VR A15 ME (5)) 15M 2/80











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E Com	3 SE		4. RACE		5. DATE OF BIF	DAY YEAR	6. AGE (IN YEARS LAST	BIRTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
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John 75	14 F/	ATHER'S NAME	MIDDLE	LAST		MOTHER'S MAIDEN N	AME		LAS	st
5 /5/10		Andrew		Hvozd		Mary		RESS	Vir	gala
Sedico Sees			IVE WAR OR DATES	166. SOCIAL SECU		INFORMANT			,,,	
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or use of Heal	10	220.1 certify that M (this hasp	S Oct	ne deceosed from	81 and the	. 17	L			that 🗶 (we) lost
- U 11		saw the deceased alive o		sifter death.	, dila ili		deoth accurred on the	dote and ho	ur and from the	causes stated
DIRECTORNEY FOR THE PROPERTY OF THE PROPERTY O		27h SIGNAURE	//	/_	DEG	ATTENDING	MEDICAL	AFF L	22t. DATE	SIGNED
FUNERAL old be deto		A. L. R	you	1 1.	MP.	PHYSICIAN	MEDICAL ST DIRECTOR PHYS	ICIAN	8 0	ct 81
RTA		THE PHYSICIAN'S NAME ITTE	()8 PEVILT)	to		ADDRESS				
TO FUNERAL DIREC		KL. KU	ER. 1	11 M.			versity o	f Md.	Hospi	tal
- v > 5	23a l	BURIAL, CREMATION, REMOVA		23€ №	IAME OF CEME	TERY OR CREMATORY	23d LOCATION		COUNTY	STATE
- 72		Burial	10/12	2/81 Ho	ly Tra		tion Nant	icoke	Luzer	ne, Pa.
16 50M 1/81	24. FI	JNERAL DIRECTOR 51-53		een St.	Nanti	coke, no	TE REGID. BY REGISTR	Marie	Jank	TEXT.
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,		FOR STATE REGISTRAR		DEPARTA	MENT OF	E OF MARYLAND HEALTH AND MENTAL HYC FICATE OF DEATH	GIENE S }	2 6			
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35	M M	ARYLAND THEF'S NAME		BALTIMO	N	134 INSIDE CITY LIMITST YESXXX NO [		ALHOUN ST	S-1/2		
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/ land		AS DECEASED EVER IN U.S. ARI	MED FORCES?	M SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS	2 5		
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- 14	55341	2) B. ACCIDENT WAS UNDERLYING. C. OR CONTRIBUTING C. CAUSE OF DEA 18 ETIMER, NOTEY MEDICAL SEAMINER.	The state of the s	MONTH DA	Y YEAR	21s HOW INJURY OCCUR	RED TENTRE NATURE OF FOX	BY THE PERSON OF PART 1 CONFE	(#T3)		
year or	MEDICAL	214 NJURY OCCURRED	Z1e. PLACE OF	TINJURY	MAN, ETC.)	211. LOCATION	CHECKE	INN COL	NIV STATE		
n 21 ti ma		270 I certify that (I) the hospital greended the deceased from = 23 19 81 to 10-12 19 81 that (I) we split the decreased along an 10-12 19 81 and their in (my) our opinion death occurred on the date and hour and from the causes stated (Down, I) (Chydid) (Id not) lew the body offer death.									
100		White	2406	E/			MEDICAL STA	FF IAN	DATE SIGNED		
MPORTA		W. A SOUPE	FGCI 2	TECH	LI	100 BROZ	HOSPITAL ADWAY (NO	CORP.			
	B	IRIAL CREMATION, REMOVAL	10/19/8	2.5		emetery on crematory nore Nat'l Cent	The second secon		Md.		
201		NERAL DIRECTOR	Inc. 110	Ol E. No	rth A		1.4 1001	250 REGISTRAR'S SI	Wather.		

